Zambia Prevention, Care and Treatment Partnership II (ZPCT II) Bridge

Work Plan
September 30, 2014 – November 30, 2015

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Abbreviations

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASAZA	A Safer Zambia
ASW	Adherence Support Worker
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHAI	Clinton Health Access Initiative
CHAMP	Comprehensive HIV/AIDS Management Program
CHAZ	Churches Health Association of Zambia
CSH	Communications Support for Health Program
COMET	Community Empowerment through Self Reliance
COP	Chief of Party
CRS	Catholic Relief Services
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHIO	District Health Information Officer
DHS	Demographic Health Survey
DMO	District Medical Office
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GCDD	Gender and Child Development Division
GDA	Global Development Alliance
GIS	Global Information System
GHI	Global Health Initiative
GNC	General Nursing Council
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
cART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System

HQ	Headquarters
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
IYCN	Infant and Young Child Nutrition
JICA	Japanese International Cooperation Agency
KCTT	Kara Counseling and Training Trust
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation
MBP	Mother-Baby Packs
MC	Male Circumcision
MCH	Maternal Child Health
MCP	Multiple Concurrent Partners
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MSF	MEDECINS SANS FRONTIERES
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NPU	National Pharmacovigilance Unit
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
RH	Reproductive Health
SAWSO	The Salvation Army World Service Office
SCMS	Supply Chain Management System
SFH	Society for Family Health
SI	Social Impact

SIU	Strategic Information Unit
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
STEPS OVC	Sustainability Through Economic Strengthening Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations.
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VSU	Victim Support Unit
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPCT IIB	Zambia Prevention, Care and Treatment Partnership II Bridge
ZPI	Zambia Led Prevention Initiative

I. Introduction

This document presents the work plan for the Zambia Prevention, Care and Treatment Partnership II (ZPCT II) Bridge project for the period October 2014 – November 2015. ZPCT II Bridge is a 14 month contract (AID-611-C-14-00001) between fhi360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US $24,900,000.

The objectives of the Bridge Project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MoH) and National AIDS Council (NAC).
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources, and supports the priorities of the MoH and NAC.
- Encourage integration of health and HIV services, where feasible, emphasizing the needs of patients for prevention at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

FHI 360 and its core partners (see below) present this work plan for USAID's *Zambia Prevention, Care and Treatment Partnership II Bridge* (ZPCT IIB) project, which will continue support for HIV/AIDS service delivery in six provinces for 14 months after the end of ZPCT II on August 31, 2014. The FHI 360-led team envisions this short-term contract as a *bridge to the future* of HIV/AIDS services that are fully owned by the Government of the Republic of Zambia (GRZ) and sustainable for the long term. Over the 14-month Bridge period, ZPCT IIB will work side-by-side with the GRZ and other stakeholders to:

- maintain comprehensive, quality HIV/AIDS services in the 431 sites currently supported by ZPCT II;
- continue to scale up and improve services and systems to 20 new sites which have been identified; and
- lay the groundwork for the next era of USAID programming with concrete steps toward greater GRZ ownership, resource commitment and responsibility for sustaining quality.

ZPCT IIB's major proposed targets include: 1) a 25 percent increase in the number of HIV-positive adults and children initiating antiretroviral therapy (ART) as a result of expanded eligibility under new GRZ guidelines from a baseline of 30,000; and 2) coverage expanded from 431 sites in 45 districts to 451 sites in 57 districts to provide access in new districts recently created by GRZ redistricting and reach remaining underserved areas with high HIV prevalence in previously supported districts. This will include an additional 20 HIV

Testing and counseling (HTC) sites, 20 elimination of mother-to-child transmission (eMTCT) sites, 14 ART sites and four voluntary medical male circumcision (VMMC) sites.

All project activities will continue to be planned, implemented, monitored and evaluated jointly in partnership with the GRZ at all levels of the health system. ZPCT IIB will further increase collaboration with the Ministry of Community Development, Mother and Child Health (MCDMCH), Ministry of Health (MOH) and National AIDS Council (NAC). Three of the four core partners – CARE, Management Sciences for Health (MSH) and the Churches Health Association of Zambia (CHAZ) – will continue from ZPCT II. Chainama College of Health Sciences is a new Zambian partner.

Pillars of the Approach

The FHI 360-led team's strategic/technical approach will continue to be aligned with relevant GRZ and United States Government (USG) priorities, strategies and guidelines. These include the GRZ's *Revised National AIDS Strategic Framework* (2014-2016); the new *Consolidated HIV prevention and treatment Guidelines;* and the President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT IIB will continue to promote ZPCT II's cornerstones of access, equity, quality, health systems strengthening (HSS) and sustainability. Specific elements of the approach are:

- Increasing **country ownership, leadership** and **capacity** to coordinate, deliver and sustain comprehensive, quality HIV/AIDS services within Zambia's decentralized health system and multi-sectoral response.
- Forging a **stronger overall health system** through an integrated health response approach, with increased emphasis on **mobilizing communities to take a bigger role** in demanding and delivering HIV/AIDS services.
- Sharpening the **focus on quality** with tracking of key program and technical metrics and effective data utilization for planning and decision-making at all health system levels.
- Introducing efficiencies, leveraging resources and scaling up innovations that allow Zambia's health system to **do more with available resources**, including task shifting to augment HR capacity and further integrating HIV/AIDS with other health services to ensure no missed opportunities.
- **Addressing stigma and harmful gender norms** that increase vulnerability to HIV and gender-based violence (GBV) and limit access to health services.
- Optimizing the continuum of care through a chronic care model that emphasizes **self-care through PHDP** while **bridging facility and community services across multiple sectors** through comprehensive referral networks.

Implementation Approach

Efforts to improve HIV/AIDS prevention care and treatment services can only occur in the context of a sound overall health system. ZPCT II B will continue to support and strengthen the broader health sector by improving/upgrading physical infrastructure in 16 MOH/MCDMCH facilities, integrating HIV/AIDS services into other clinical areas, increasing work force technical capacity and integrating gender considerations in HIV/AIDS services. The project will concentrate its efforts in the first two PEPFAR strategic crosscutting areas; to promote gender equality, ensuring equity in HIV/AIDS programs and services and reducing violence and coercion

As HIV/AIDS is a chronic condition, ZPCT II B will continue helping supported health facilities to orient services toward long-term comprehensive patient management including screening for chronic conditions such as diabetes and hypertension, effective patient tracking and increased patient capacity for self-care. ZPCT II B will work with both the health facilities and communities to provide a full range of complementary

services essential to the well-being of those living with and affected by HIV/AIDS through strengthening of district level referral networks and inter and intra facility referrals.

ZPCT II B will continue strengthening the PEPFAR guided minimum package for prevention with positives (PwP) in all the supported health facilities and surrounding catchment areas and will ensure the inclusion of PwP messaging in HTC, ART, eMTCT and MC services.

During this work plan period, ZPCT II B will provide programmatic, financial, and technical support to 451 MOH/MCDMCH, CHAZ and private health facilities in 57 districts in the six provinces, using the recipient agreement mechanism (See ***Annex E*** for a list of recipient agreements).

ZPCT II B will support training activities for health care workers and community volunteers to strengthen HTC, eMTCT, clinical care, ART and MC services. This includes collaboration with the UTH department of surgery's male circumcision unit to support MC trainings on behalf of ZPCT II B, and support post-training follow-up and on-site hands on mentoring of trained facility staff. Nurses that are trained in the basic art training are now allowed to prescribe according to the revised 2014 HIV consolidated management guidelines.

ZPCT IIB Partners

ZPCT IIB collaborates with its sub partners to support the MOH through activities at national, district, community and health facility levels as follows:

- Management Sciences for Health (MSH): MSH contributes towards strengthening the MOH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.

  CARE International: CARE Zambia contributes to the provision of comprehensive HIIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks. In addition, CARE contributes towards demand creation for HIV and AIDS services
- Churches Health Association of Zambia (CHAZ): CHAZ contributes towards expansion, scaling up and integration of prevention, care and treatment services through ten mission health facilities in three provinces supported by ZPCT II.
- Chainama College of Health Sciences: Chainama contributes towards strengthening the MOH health system through training facility and community based health workers in HIV testing and counseling (HTC) services under ZPCT IIB.
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes towards implementation of male circumcision services in ZPCT IIB supported health facilities through training and technical support.

Coordination

ZPCT II B will ensure close collaboration between all the partners within ZPCT II in making sure all public and private laboratory and pharmacy services are functional in ZPCT II B supported health facilities. ZPCT II B will also ensure that health care workers and community volunteers are appropriately trained to provide HIV testing and

counseling, eMTCT, and adherence counseling services. Other ZPCT II B activities including training, renovations, technical assistance, program monitoring will be implemented in collaboration with the MOH/MCMDMCH at provincial, district, and hospital level through formalized MOUs and recipient agreements. In addition, program activities are coordinated directly with other USG partners. ZPCT B will also seek collaboration with non-USG partners.

For a full list of sub partners and roles and responsibilities see ***Annex D***.

Work Plan Presentation

The work plan is organized into four main sections covering ZPCT II B activities by Task, program and financial management, strategic information, reports and deliverables. The tasks are arranged by ZPCT II Bridge's three objectives. This section provides a general description of the objective, the implementation approach critical issues and challenges, projected targets, coordination and activities. See the Gantt chart in ***Annex B*** for a detailed implementation plan by objectives. See ***Annex C*** for a detailed listing of short-term technical assistance and planned external travel in support of the detailed implementation plan.

II. Key Activities by Task

Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).

Under this task, the contractor will provide technical assistance and material support to 430 existing HIV/AIDS sites and 20 new sites in the supported six provinces in the following PEPFAR program areas:

- Elimination of mother to child transmission of HIV
- HIV Testing and Counseling
- Pediatric and adult anti-retroviral therapy
- Pediatric and adult care and support
- Voluntary medical male circumcision
- TB/HIV
- Laboratory infrastructure support.

The contractor's efforts are expected to lead to:

- Provision and sustainment of high quality holistic clinical HIV/AIDS care and treatment services;
- Strengthened comprehensive HIV/AIDS services;
- Changes in guidance issued by GRZ implemented;

- Provision of HIV/AIDS services at the PopART clinical trial sites as defined in the study protocol; and
- Expansion of HIV/AIDS service coverage to ensure that the Country Operational Plan FY14 PEPFAR targets are met.

Task 1: ***Key Expected ZPCT IIB Results***

- Quality HIV/AIDS services maintained in all 431 ZPCT II-supported sites
- 37,752 adults/children initiated on ART, a 25% increase under the new guidelines
- Services expanded to new sites: 20 CT, 20 eMTCT, 14 ART and 4 MC

Implementation Approach

Under Task 1, FHI 360 and its core partners will work with the MCDMCH, MOH, NAC and other Zambian stakeholders to: maintain existing HIV/AIDS services – HTC, eMTCT, ART, clinical care/support, VMMC and TB/HIV – in the 431 facilities currently supported by ZPCT II B; scale up ART at existing sites to implement the new GRZ guidelines that significantly expand ART eligibility, moving Zambia toward the test-and-treat and treatment-as-prevention models , including continued roll-out of lifelong ART for pregnant/breastfeeding women under Option B+ in eMTCT services; expand HIV service coverage in new districts recently created by GRZ redistricting and in other remaining underserved areas ; strengthen integrated service delivery and measure integration outcomes ; continue to strengthen core HIV/AIDS services, including by piloting new forms of community-based HTC to increase access); and support continued use and scale-up of facility QA/QI tools and processes .

Key Activities

Activity 1: Maintain comprehensive, quality HIV/AIDS services currently supported by ZPCT II, including ART access for previously enrolled clients

1.1 Counselling and Testing

1) Train HCWs in HTC and provide TA to integrate routine provider-initiated HTC into all clinical service areas at 450 sites (420 public/31 private) with special focus on high volume sites. Special focus will be on integration with FP, TB and MC. The project will prioritize the new sites but will also plan to address any attrition that may have happened in the existing sites due to transfers and other reasons

2) Train HCWs and provide TA to improve screening/referrals for selected NCDs (hypertension, diabetes) and GBV

3) Train HCWs to effectively promote couple CT with focus on identifying sero-discordant couples for ART referral and ongoing prevention counseling

4) Promote continued use of the family-centered approach

5) Implement mobile CT in underserved areas, including during national events

1.2 eMTCT

1) Train HCWs to integrate eMTCT services into ANC/postnatal care (PC)/ maternal, neonatal and child health (MNCH) services at 437 sites (391 public/26 private);

2) Monitor routine HIV testing for all pregnant women and access to ARVs for eMTCT for all those testing positive using service statistics and on-site monitoring and verification;

3) ZPCT IIB will support Early Infant Diagnosis (EID) for all HIV-exposed infants; ZPCT IIB will train and mentor HCWs on how to identify eligible exposed infants; collect and process DBS samples; and provide DBS results and facilitate linkages to treatment for babies that are found to be HIV infected. The project will also train and mentor HCWs on commodity management to avoid interruptions of services due to stock outs

4) ZPCT IIB will provide training and TA for couple HTC.

1.3 ART

ZPCT IIB will support the provision of adult and pediatric ART at 177 sites (153 public/24 private), including client tracking supported by volunteer adherence support workers (ASWs) who follow up in the community to increase ART adherence and retention in care.

1.4 Clinical Care/Support

ZPCT IIB will support the provision of adult and pediatric clinical care and support at 451 sites (400 public/31 private), including prophylaxis and treatment of opportunistic infections (OIs), management of HIV as a chronic condition (with screening for hypertension, diabetes, Body Mass Index, GBV and TB, as well as PHDP counseling), and nutrition assessment. The project will monitor HCWs trained by ZPCT II B to verify if they are following national protocols for managing OIs and other chronic conditions. The project will also mentor HCWs and provide job aids & treatment algorithms.

1.5 VMMC

ZPCT II B will support the provision of VMMC at 56 sites (52 public/four private), including demand creation and mobile outreach services. ZPCT IIB will train HCWs in MC, provide re-usable MC instruments & surgical commodities. The project will also provide resources for extended work hours for HCWs transport reimbursement to conduct MC in static and during outreach sites.

1.6 TB/HIV

ZPCT IIB will support the integration of TB/HIV services at 451 sites (400 public/31 private), including routine symptom screening during scheduled clinic visits and appropriate referrals. ZPCT IIB will mentor the HCWs and ensure that they actually do the screening; print & supply screening forms, files and folders; pay volunteers who do most of the TB screening, collate & collect screening data. In addition, ZPCT II will support training and mentorship of the HCWs on TB/HIV integration based on new prevention and treatment guidelines.

1.7 Capacity building

Provide resources to train, mentor, supervise health care workers and community volunteers (lay CT and eMTCT counselors and ASWs) to deliver quality services, and in the use of QA/QI tools and processes, and monitoring and evaluation of service delivery.

1.8 PopART

ZPCT IIB will also continue to support the *Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071* in six health centers, which began under ZPCT II. ZPCT IIB will monitor services and ensure that the HIV services required for the clients tested through the study are available and being provided according to national protocols and guidelines namely, MC for HIV negative clients and ART for HIV positive clients. The project has placed additional clinical staff to support these activities in the facilities.

Activity 2: Scale up ART at current sites to implement new GRZ guidelines that expand eligibility

ZPCT IIB will assist the GRZ to enroll new clients on ART at existing sites under its recently adopted *Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection*, which are based on the World Health Organization (WHO) guidelines issued in June 2013. The expanded ART eligibility criteria reflect a significant move toward the test-and-treat and treatment-as-prevention models in Zambia. ART for pregnant/breastfeeding women will be provided in eMTCT under the roll-out of Option B+. Because of the broadened eligibility, further task shifting and sharing for ART prescription beyond previously approved prescribers (medical doctors, clinical officers and nurse prescribers trained in the one-year course) will be needed. The new guidelines are clear about allowing nurses who have received the basic two-week ART training (that includes the new elements contained in the *Consolidated Guidelines)* to prescribe ARVs in uncomplicated cases. MOH documents (including these guidelines) provide policy direction about allowing nurses to prescribe. The General Nursing Council has endorsed the guidelines.

ZPCT IIB will provide additional nurses with the basic ART training for this purpose.

Training of trainers (TOT) for the new guidelines already has taken place. ZPCT II conducted two trainings (Central and Copperbelt). The GRZ is in the process of refining the training package by merging the *Consolidated Guidelines* package with the Option B+ package currently in use into a three-day package. ZPCT IIB will work with the MCDMCH, MOH and NAC to continue the trainings once the package is finalized. In collaboration with PMOs/DCMOs, implementation support will include the following sub activities:

1) Roll out option B+

2) Train HCWs/managers in the consolidated guidelines

3) Adapt the consolidated guidelines for ASWs/eMTCT lay counselors, training them and providing mentoring support

4) Client monitoring using viral load testing (VLT) where such services already exist;

5) Community involvement in improving retention in care

6) The project will also work with the GRZ to further explore issues of retention in care and LTFU (magnitude, associated factors) and tailor effective strategies to address them

7) Explore new methods of decongesting ART clinics

Activity 3: Provide technical and material support to roll-out of Option B+ in eMTCT services

ZPCT IIB will continue to work with the MCDMCH/MOH to operationalize its test-and-treat policy for all HIV-positive pregnant/breastfeeding women. This roll-out of Option B+ began under ZPCT II in more than 100 high-volume eMTCT sites co-located with ART clinics. Under strong GRZ leadership, ZPCT II has participated in the development of the national Option B+ training package, joint site assessments for Option B+ based on MOH standards and tools, and TOT/training for HCWs using the national package. ZPCT IIB will continue to provide training, mentoring and related support to further scale up Option B+ starting with 177 ZPCT II-supported eMTCT/ART sites.

The project will support the following sub activities:

1) Joint site assessments and preparation for Option B+;

2) Orientation of community volunteers (ASWs and eMTCT lay counselors) in Option B+ (ZPCT IIB will update the training packages for these cadres);

3) Initiation and monitoring of ART within MNCH for 24 months (followed by transition to art clinics); the project will train MCH nurses in ART and the use of smart care forms, conduct baseline tests, adherence counselling, actual initiation of ART, dispensing ART, actual documentation in appropriate registers, prescribing all review dates etc.

4) Expanded adherence counseling within eMTCT by lay counselors and ASWs;

5) Data management changes needed to capture ART in eMTCT, using GRZ Standard Operating Procedures (SOPs); print & supply pre-ART and ART registers, plus daily activity registers, provide GRZ SOPs, mentor HCWs on documentation steps, pay Data Entry Clerks who collate & collect screening data

6) Improved M&E of retention in care/loss to follow up, including periodic/routine cohort monitoring the facility MNCH/clinical team will do the cohort monitoring. Cohort data charts will be prepared by the data entry clerk at frequency at 6, 12, 18 & 24 months. This will allow the project to assess the quality of care and extent to which women are being retained throughout the continuum of care and identify key service delivery points where they are being lost to follow up.

7) Community activities to support Option B+/reduce LTFU. Because Option B+ is in the early stages, the project will build in documentation, QA/QI and lessons learned to guide expansion.

Activity 4: Expand HIV/AIDS service coverage in new districts and remaining underserved areas

ZPCT IIB will work with the MCDMCH/MOH to select and expand coverage to new sites within six months in order to provide services. The number of sites will be increased as follows: HTC (20 new sites), eMTCT (20 new sites), ART (14 new sites) and MC (four new sites), lab expansion (three new sites).

The expansion will focus: 1) in new districts created by GRZ decentralization policy of creating new districts that do not have HIV/AIDS services, in particular ART; and 2) in the few remaining underserved areas with high HIV prevalence in previously supported districts. To promote equity of access to ART, ZPCT IIB will ensure that each new district has at least one ART site where feasible. The following selection criteria will be

used to increase access in underserved areas in previously supported districts: 1) large catchment population; 2) target areas with high HIV prevalence rate; and 3) significant distance from current service delivery sites. In order to establish new sites, the project will identify and train staff (HCWs & volunteers), procure laboratory and medical equipment & furniture, provide technical assistance to develop efficient patient flow and linkages and referral mechanisms. The project will also provide registers, smart care forms and data entry clerks.

Activity 5: Strengthen integrated service delivery and measure integration outcomes

ZPCT IIB will continue to support and strengthen service integration (both co-location and referrals/linkages) already being done under ZPCT II. This includes the following sub activities:

1) PITC in all clinical areas

2) eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); The project will increase collaboration with other stakeholders in the distribution of ITNs to prevent malaria

3) FP referrals and one-stop FP shops in ART/MNCH at 12 model sites

4) TB/HIV integration; ZPCTII B will mentor HCWs to effectively screen for TB for all HIV patients and active referrals for suspect cases. The project will mentor HCWs and monitor service statistics to ensure all TB patients are tested for HIV and that all HIV positive clients are initiated on art. The project will also mentor HCWs and monitor service statistics to ensure patients on art that develop TB receive proper co-management care (including appropriate drug substitutions). The project will mentor HCWs to ensure cd4 count testing and provision of Septrin prophylaxis for all TB patients

5) NCD/GBV screening/referrals for PLHIV

6) Emphasis on MC as an HIV prevention tool as part of couple counseling in CT/eMTCT (with referrals for all HIV-negative male partners)

7) Measurement of integration outcomes will include: 1) strengthening documentation of the final outcome of HIV status in cases of post-exposure prophylaxis (PEP) for sexual assault; 2) determining CYPs generated from FP referrals across HIV service areas; and 3) developing methods to track referrals for NCDs, nutrition counseling and TB services. PMO/DCMO capacity to manage service integration will be emphasized

Activity 6: Provide support to enhance core HIV/AIDS services

In addition to the interventions above, ZPCT IIB will continue to strengthen services/improve access through the following sub activities

1) HTC – Pilot new forms of community-based CT in a few districts before scaling up: 1) door-to-door testing by lay counselors in up to three districts; and 2) the index patient model in one district per province, targeting partners/family members of clients testing positive in facility settings (expanding the family-centered approach).

2) ART 1) Introduce community ART tracking registers for ASWs to strengthen documentation of community follow-up activities; 2) provide point-of-care CD4 machines to expand access for ongoing monitoring of those on ART; and 3) Support efforts to: a) establish/strengthen the sample referral system Viral Load Testing (VLT) from facilities in Mansa, Chembe and Samfya to the ZPCT II-supported VLT site at Mansa General Hospital; b) establish one additional VLT site with MOH-procured equipment (in Kasama or Solwezi); ZPCTIIB will work with MOH to identify space for placement of equipment, ensure optimal storage conditions are maintained, provide additional equipment accessories where feasible, assist with training of lab staff in equipment use and maintenance, mentor staff on QC/QA procedures, ensure routine servicing/maintenance and monitor equipment functionality, provide TA in inventory management to ensure constant availability of commodities, implement specimen referral systems for Viral Load Testing, and c) collaborate with other Technical Working Group (TWG) stakeholders to support and facilitate validation of DBS instead of whole blood for VLT. (This effort is in line with *Zambia's new Consolidated Guidelines* that make Viral Load Testing the preferred method for monitoring ART and diagnosing treatment failure)

3) Clinical Care/Support – Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs; supporting formation of adolescent support groups with formal peer education; and developing SOPs for managing the transition from pediatric to adult care and treatment.

4) MC –1) Improve reach by tailoring interventions based on age group and geography (e.g., procuring 14 tents for MC outreach activities in areas with inadequate infrastructure); 2) improve demand creation for static service delivery through specialized volunteer educators to promote MC within health center catchment areas; 3) increase efficiency by introducing MC devices such as PrePex when approved by the GRZ; and 4) strengthen existing systems for coordinating MC programming at provincial/district levels.

5) TB/HIV – With TB CARE I and other stakeholders, strengthen implementation of the "3 Is" approach: 1) Intensified Case Finding – strengthen symptom screening and use of referral forms/linkages to TB suspect registers to minimize LTFU and monitor timely linkages between HIV/TB services; support household contact tracing and screening for TB index cases. 2) Infection Control – strengthen best practices that support different approaches (e.g., managerial, administrative, environmental and personal protective equipment where feasible). 3) Isoniazid Preventive Therapy – in line with new GRZ *Consolidated Guidelines*, support treatment for PLHIV with latent TB. ZPCT IIB will also support use of screening algorithms for referring clients to TB diagnostic testing using Xpert MTB/RIF where available, as well as understanding the link between HIV and multi-drug-resistant TB by strengthening HIV status documentation for these clients.

6) Gender – 1) Roll out ZPCT II-developed guidelines that address the unintended effects of some male involvement strategies that limit access for women not accompanied by husbands or partners; and 2) using the GBV community mobilization toolkit, sensitize HCWs, community volunteers and community structures to improve services for GBV survivors (including timely reporting, PEP within 72 hours to prevent HIV transmission, and emergency contraception to prevent pregnancy).

Activity 7: Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery

ZPCT IIB will further sharpen the focus on quality throughout the program and work more closely with the MCDMCH/MOH to lay the groundwork for transitioning the project's QA/QI function to the GRZ (At the facility level, the project will build on prior investments in QA/QI with the following sub activities:

1) ZPCT IIB will continue to administer ZPCT II revised QA/QI tools (facility and provider checklists, action plan sheets) that assess and monitor the quality of specific HIV services (HTC, eMTCT, ART, clinical care, etc.) against national standards and SOPs and identify areas for improvement. The tools will be updated to reflect the new Consolidated Guidelines.

2) QA/QI will be instituted in new sites that are added during ZPCT IIB.

3) Facility QA/QI tools will continue to be used quarterly to monitor how well quality is being sustained in districts that have graduated from intensive TA support.

4) QI coaches trained in the Collaborative Improvement Model under ZPCT II will continue to provide TA to facilities to initiate and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process.

5) ZPCT IIB will prioritize three areas for QI: 1) retention in care/LTFU; 2) EID uptake (which is an MOH QI priority); and 3) service integration. QI results will be documented and disseminated.

Critical Issues and Challenges

- **CD4 sample referral and laboratory equipment maintenance:** Sample referral and equipment maintenance pose challenges in some project districts. This includes lack of adequate motorbike riders, frequent motorbike breakdowns, equipment breakdowns and a shortage of reagents. Routine preventive maintenance of equipment is also a challenge as ZPCT II relies on external vendors and only plays a coordinating role. ZPCT II is working to ensure timely access to CD4 testing and other tests. ZPCT II is also working with facilities to improve forecasting for reagents. The project is also tracking equipment service schedules to ensure schedules are followed and responses to call-outs for repairs are timely. It is hoped that in the future, subject to policy guidance from MOH followed by USAID approval, ZPCT II may be able to place point-of-care CD4 machines in selected sites to alleviate some of the need for specimen referral.
- **Laboratory infrastructure:** Ensuring an optimum working environment in the laboratories continues to be a challenge. There is often inadequate space and where space is available, the condition of the electrical fixtures is inadequate. Where feasible, ZPCT II works to improve working areas to facilitate standard workflow processes and also improve storage facilities to enhance good storage practices in laboratories at health centers/ hospitals. This includes identifying space for refurbishment/renovation of rooms and providing essential standard equipment to enable laboratories carry out critical diagnostic and tests required for ART, HIV clinical care, MC support services, eMTCT, and HTC services. This is all done in line with the guidelines set out by the MOH for laboratory infrastructure development

and the standardized equipment list according to level of care of the health facility/hospital.

- **Commodity stock imbalances:** Inconsistencies in the transport systems at Medical Stores Limited (MSL) combined with delays in orders from the districts and service delivery points affect the constant availability of adequate medicines and medical supplies including ARV drugs. In addition stock-outs at the central level continue to pose challenges for timely delivery of commodities and also interruptions in service respectively. This includes shortages of DBS blood collection bundles, PCR test kits, commodities such as selected reagents for the Humalyzer 2000 and the Cobas Integra for chemistry analysis, and control materials for CD4 testing for the FACSCalibur and FACS Count. ZPCT II will work centrally with the MOH and at the district and facility levels to provide technical assistance and mentoring in the implementation of the logistics systems, and will work with MSL and the SCMS project as issues with commodity distribution and stock outs are identified.
- **Internal quality control:** Significant emphasis is placed on supporting internal quality control (IQC) practices including the use of the IQC forms. A major upcoming focus is to ensure that data are entered, supervisor and manager review is indicated and all corrective actions documented. This weakness has been identified across facilities nationwide. ZPCT II will provide focused priority support to Ndola Central Hospital and Nchanga North General Hospital as they will be audited for their implementation of SLMTA/SLIPTA improvement activities. Technical assistance in line with the implementation of SLIPTA improvement activities will further be extended to all provincial hospital laboratories as they have also been earmarked for accreditation in line with the WHO program on Strengthening Laboratory Management towards Accreditation (SLMTA) for which issues of IQC are pertinent.
- **SmartCare Integrated Pharmacy Module:** Following the roll out and implementation of this tool in ZPCT II supported sites, there is need to ensure that all pharmacy personnel are able to utilize the database. This is in an effort to improve on data management (including quantification data) and allow for the linkages to other departments such as the clinical care which will ultimately improve patient centered approach to treatment and care.

Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.

Key Results for Task 2: October 1, 2014 – November 31, 2015

- 170 sites providing HIV/AIDS-related laboratory services (3 new sites)
- 451 sites providing essential pharmacy/dispensing services (20 new sites)
- 1,419 trained community volunteers deployed to support CT, eMTCT and ART adherence counseling

Implementation approach

Under Task 2., the FHI 360-led team will support a wide range of GRZ, community and other Zambian stakeholders to: maintain, expand and strengthen pharmacy and laboratory services; continue to provide targeted training and mentoring for HCWs and community volunteers (CT and eMTCT lay counselors and ASWs); continue to deploy community volunteers to deliver services while conducting a participatory assessment of gender and sustainability issues ; further engage communities – including GRZ structures, PLHIV support groups, community- and faith-based organizations (CBOs/FBOs) and traditional leaders – to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence; and strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care, led by District AIDS Task Forces (DATFs). Sustainability in terms of greater GRZ ownership and allocation of resources is addressed under

Key Activities

Activity 1: Maintain, expand and strengthen pharmacy services

Led by core partner MSH, ZPCT IIB will work with the MCDMCH/MOH to maintain pharmacy services at the 431 ZPCT II-supported sites, support expansion to 20 new sites, increase availability and improve management of pharmacy-related commodities, and ensure adherence to GRZ SOPs by pharmacy staff. The project will strengthen facility- and district-level capacity to handle all aspects of pharmaceutical management and information systems, including introducing collection of consumption data on selected essential commodities. The pharmacy unit will provide support to eMTCT and CC/ART units in the roll out and the implementation of option B+ and the promotion of ART adherence and retention in care.

At current/new sites, ZPCT IIB will implement the following sub activities:

1) Provide TA/mentoring to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other HIV-related drugs and supplies to avoid stock-outs;

2) Strengthen inventory management systems and security;

3) Orient/refresh clinical staff on national pharmacy guidelines and SOPs;

4) Train HCWs and provide TA in pharmacy and medicines and medical supplies issues related to ART outreach;

5) Consolidate pharmacy staff capacity in medication use, counseling and patient follow-up.

At the national level, MSH will collaborate with:

1) MCDMCH/MOH, JSI/Deliver, CIDRZ, CHAZ, Catholic Relief Services and AIDS Relief, the Centers for Disease Control and Prevention (CDC), and other relevant stakeholders on issues related to quantification, forecasting, and procurement of supplies and HIV- related commodities

2) MOH on review of the Health Center Kit contents and, specifically, supplementary essential medicines for OIs and other conditions

3) MCDMCH/MOH and other partners in the review of the Management Information System for medicines and other supplies in support of supply chain management;

4) Zambia Medicines Regulatory Authority (ZAMRA) and MCDMCH/MOH on strengthening the pharmacovigilance program through harmonization of medicine safety monitoring activities;

5) MCHMCH/MOH on roll out and the implementation of a national mentorship program for pharmacy aimed at improving pharmaceutical services in the public health facilities.

6) MSH also will support periodic review and updating of standard operating procedures (SOPs) for pharmaceutical management.

Activity 2: Maintain, expand and strengthen laboratory services

Led by MSH, ZPCT IIB will work with the MCDMCH/MOH to maintain diagnostic services in the 167 ZPCT II-supported labs and support expansion to three new labs. At existing sites, the project will:

1) 1) Provide TA, mentoring and other support to ensure availability of reagents, quality control materials and supplies for sample referral, CD4, hematology, chemistry and DBS (in collaboration with MOH, Supply Chain Management System [SCMS] and Medical Stores Limited [MSL]);

2) 2) Support the sample referral and transport system for ART/eMTCT clients to ensure FACSCount and other essential equipment are within feasible, manageable distance of all project-supported sites for CD4 and other monitoring tests;

3) 3) Support use of the courier network for DBS samples to the polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola for EID;

4) 4) Strengthen and monitor adherence to Internal Quality Control (IQC) practices for accuracy and precision of ART test results; Continue role out of 14 MoH approved logs.

5) 5) Review indicators and tools for monitoring the sample referral and transport system and IQC usage;

6) 6) Implement IQC for HIV testing particularly in facilities with laboratories, this will be done especially in the 131 HIV testing corners at currently supported sites;

7) 7) Monitor and strengthen participation in national External Quality Assurance programs for CD4 and chemistry;

8) 8) Implement inventory management systems, logistics and commodity security for laboratory supplies;

9) 9) Procure limited supplies of reagents required for critical HIV-related tests, as needed and feasible.

At new sites, ZPCT IIB will work with MOH, SCMS and MSL to:

1) Initiate new ART sites onto the MSL for receipt of reagents and quality control materials;

2) Orient and initiate the specimen referral and DBS transport systems for ART/eMTCT;

3) introduce IQC practices for ART test parameters;

4) Provide periodic facility-based technical support in monitoring batch IQC, sample referral systems and good laboratory practice;

5) Use indicators to monitor and strengthen the IQC for HIV/ART test parameters and referral systems; and

6) Monitor use of both the automated and manual systems for data entry and commodities management

7) At the national level, participate in relevant TWGs and collaborate with other stakeholders on forecasting and procurement of reagents, quality control materials and supplies.

8) Support a review of SLIPTA approved laboratory SOPs.

9) At MOH request, ZPCT IIB will provide technical support to hospital labs participating in Strengthening Lab Management toward Accreditation.

Activity 3: Develop the capacity of facility HCWs and community volunteers

As under ZPCT II, ZPCT IIB will continue to support training and mentoring for facility HCWs and community volunteers.

1) Training will be provided in the following areas: basic CT, refresher CT, couple counseling, child/youth CT, eMTCT, ART/OIs, pediatric ART, *Consolidated Guidelines* orientation, ART adherence for lay cadres, MC, ART commodity management, and lab equipment use/maintenance. (Training will be done by a combination of project and GRZ staff, as well as training firms engaged for specific types of training.)

2) Provide post-training on-site mentoring to reinforce transfer of knowledge and skills to participants.

3) Advocate, through national TWGs, for and support the process of revising GRZ training packages in line with the new guidelines.

Activity 4: Support for community volunteers while laying the groundwork for increased sustainability

ZPCT II has supported 1,369 community volunteers to provide CT (517 lay counselors), eMTCT (532 lay counselors) and ART adherence support (320 ASWs) services. ZPCT IIB will continue this support and expand the number of volunteers to 1,419 at existing and new sites in line with service expansion. At the same time, the project will take initial steps to address gender and sustainability issues related to reliance on unpaid workers, the majority of them women. ZPCT IIB will lead a participatory process to better understand the characteristics of project-supported volunteers (e.g., sex, age, years of experience, expertise, marital status, education level, number of dependents, other activities outside volunteering) and consult them on options for long-term sustainability of their contribution. Results will be shared with the GRZ, USAID and other stakeholders.

Activity 5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence

ZPCT IIB will work with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus will be on exploring sustainable partnerships, including through support for the following entities:

- **Neighborhood Health Committees (NHCs)** – ZPCT II currently is mapping NHCs –which are MOH-created structures for community participation in public health – in the catchment areas of ZPCT-supported facilities. NHCs have been involved in promoting MC under ZPCT II. In collaboration with health facility staff, ZPCT IIB will expand their role in promoting and referring to services, including MC, eMTCT (sensitizing to long-term ART under Option B+), ART and CT, with agreed-upon referral targets.
- **Traditional/Religious Leaders** – In rural areas, ZPCT IIB will engage community leaders as advocates and promoters of HIV/AIDS services, building on ZPCT II's work with traditional leaders on gender norms and their effect on HIV/GBV vulnerability and access to services. With the Ministry of Chiefs and Traditional Affairs, the project will identify one or two key leaders in each district and engage them as key advocates for HIV prevention, care and treatment, in line with the new *Consolidated Guidelines*.
- **Network of Zambian People Living with HIV/AIDS (NZP+) support groups** – ZPCT II has trained PLHIV support groups on stigma reduction and PHDP and is in the process of mapping these groups. ZPCT IIB will strengthen them as entry points for community models to increase ART adherence/retention in care and promote healthy behaviors and self-care through PHDP. To decongest ART clinics, the project will train selected members to dispense ART medication to self-selected ART clients in the community. This would enable one person to go to the ART site to pick up ARVs for a group.
- **Mother Support Groups** – ZPCT IIB will continue to facilitate establishment of Mother Support Groups to promote demand for and retention in eMTCT services among expectant/new mothers. The project will also link to Safe Motherhood Action Groups (supported by ZISSP and M-CHIP) as promoters of facility delivery and eMTCT.

Activity 6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care

In collaboration with district officials, ZPCT II has helped to establish functioning referral networks in 39 of 45 ZPCT-supported districts. In all 45, the project supported service mapping, development of service directories and adoption of referral tools. District leadership on referrals has varied, with DCMOs taking the lead in some districts and DATFs, a NAC structure, in others. In line with NAC's mandate to enhance the multi-sectoral HIV response, ZPCT IIB will promote and strengthen the capacity of DATFs as the lead coordinating body for referral networks. The project will emphasize strengthening the networks to link a wider range of health and related services in facilities and communities, including services for GBV survivors (medical, legal, police, psychosocial support) and orphans and vulnerable children, services related to nutrition and food security, and savings groups and other economic-strengthening opportunities. The goal will be for referrals to be made not only within, between and to facilities, but also within communities and from facilities to community services. The project will support the following sub activities:

1) Conduct regular meetings of service providers led by the DATF to discuss referral-related issues and service gaps and develop solutions (piggybacking on existing GRZ meetings where feasible);

2) Update service directories;

3) Refine referral tools, including SOPs and the existing operational manual; 4) exploring use of mobile technology to enhance referrals; and

5) Document/disseminate success stories and lessons learned.

Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions

Key Results for Task 3: October 1, 2014 – November 31, 2015

- PMO/DCMO annual plans, Performance Appraisal tools and technical support are focused on integrated service delivery
- Critical capacities/effective management models identified for post-graduation transition
- Transition and CS plans for six provinces and 10 districts developed
- Success demonstrated in GRZ-managed clinical mentoring program in 10 districts
- Capacity to manage maintenance of air conditioners, motorbikes and lab equipment increased in 10 districts
- Success demonstrated in fully GRZ-managed HIV/AIDS commodities in 10 districts

Implementation approach

Results under Task 3 will be intermediate steps along the path toward greater GRZ ownership and sustainable management of integrated delivery of HIV/AIDS and other health services. The FHI 360-led team will engage the MCDMCH, MOH and NAC in a participatory assessment and planning process to define program elements that can be transitioned during the Bridge period, as well as during the anticipated *Next Generation* follow-on project. The process will result in transition (i.e., sustainability/decentralization) and Capacity Strengthening (CS) plans in all six provinces and 10 districts where ZPCT II currently supports high-functioning health facilities as model learning sites. In line with the project as a "bridge to the future," the plans will address both what can be accomplished in the short term – during the Bridge period – and longer-term objectives for GRZ ownership of critical management functions and systems. Based on the assessment results, ZPCT IIB will develop/adapt and demonstrate successful management tools, processes and models that can be replicated in additional districts. Independent of the joint assessment/planning process, ZPCT IIB will provide CS support in four priority management capacity areas in the 10 model districts: 1) service integration; 2) clinical mentoring; 3) equipment maintenance; and 4) commodity management

Key Activities

Activity 1: Strengthen provincial/district GRZ capacity to manage integrated delivery of HIV/AIDS and other health services

Building on ZPCT II's work, ZPCT IIB's management CS efforts will provide TA and material support in:

1. Joint Assessment and Planning Process

1.1) Conduct a series of national- and provincial-level meetings (with district representation) with MCDMCH, MOH and NAC to ensure GRZ buy in and long term commitment.

1.2) Adapt FHI 360's proven Rapid Health System Diagnostic Tool

1.3) Analyze which GRZ capacities, resources and systems are most critical for effective and sustainable management of integrated delivery of HIV/AIDS and other health services.

1.4) identify barriers to delivery of integrated services and other bottlenecks/gaps;

1.5) Use QA/QI data with OrgCap data to determine the factors that have enabled some graduated districts to maintain quality better than others with minimal project TA (with results used to develop replicable sustainability models for use by lower-functioning districts).

1.6) Identify realistic steps and strategies for increasing GRZ allocation of resources. This will include an agreed-upon methodology to identify and track GRZ contributions to HIV/AIDS services at the provincial/district level, as well as analysis of potential models to increase incentives for ownership and results-oriented planning/management (e.g., a feasibility study on performance-based contracting).

1.7) Implement the Routine Efficiency Measurement System (REMS) with the GRZ to eventually determine the cost per unit of HIV/AIDS service delivered

1.8) Develop a transition plan to move from the current level of GRZ capacities, resources and systems to complete programmatic responsibility. The transition plan will include short- (Bridge period) and longer-term goals, objectives and activities, along with clear metrics, responsibilities of all participants and a multi-year timeline. The plan will specify program elements for transitioning to the DCMO, a required ZPCT IIB deliverable within 180 days of the effective award date.

1.9) Develop provincial and district (in the 10 districts) CS plans with activities to be completed during the Bridge period, including clear metrics, responsibilities and a timeline, to support the transition plan. The plans will also contain priorities and strategies for the longer term.

10) Conduct ongoing review of progress in implementing the transition/CS plans during regular national, provincial and district quarterly review meetings. OrgCap and the QA/QI and Performance Appraisal tools will be used to monitor progress in improving capacity and performance at multiple levels.

2. Provision of Capacity Strengthening TA and Related Support

The FHI 360-led team, with support from resource partner Cardno, will provide CS TA and other support (e.g., provision of tools) to PMOs/DCMOs and PATFs/DATFs to implement the portion of the transition and CS plans to be accomplished during the Bridge period. The project will develop and utilize models developed from the experience of districts that have successfully sustained quality with reduced project TA

during the post-graduation period under ZPCT II. In addition, even before the transition and CS plans are developed, ZPCT IIB will provide CS TA in four priority areas of known need in the 10 districts:

2.1 Integration of services. As outlined under task 1 ZPCT II has assisted the GRZ to make significant progress in integrating HIV/AIDS with other health services at the facility level (e.g., CT in all clinical areas, eMTCT in MNCH, etc.). To further strengthen and ensure sustainability of integrated services, ZPCT IIB will work with PMOs/DCMOs to: a) ensure that currently integrated services are aligned with existing GRZ guidelines; b) adapt and/or develop integration SOPs and other job aids; and c) prioritize integration in the annual planning process.

2.2 Clinical mentoring. The project will assist PMOs/DCMOs to strengthen planning, coordination, implementation and evaluation of the existing GRZ clinical mentoring program. The MCDMCH/MOH has developed national guidelines and a mentorship training package through which cadres and specialists have been trained in all districts. Multi-disciplinary clinical care teams at provincial and district levels hold regular meetings to identify performance gaps in health service delivery, including HIV/AIDS, and assign appropriate trained mentors to conduct needs-based mentoring to address them to improve service quality. ZPCT IIB will draw on lessons learned from ZISSP.

2.3 Equipment maintenance. The project will emphasize planning and coordinating capacity in regard to equipment such as air conditioners and motorbikes and important laboratory equipment with MOH vendors. ZPCT IIB will: a) provide TA in developing equipment maintenance plans at DCMO level; b) assist with logistics to facilitate travel to facilities to jointly monitor equipment functionality; c) ensure DCMOs administer an equipment functionality tracking tool; and d) experiment with alternative models for operating and repairing ZPCT-donated motorbikes in order to encourage GRZ ownership

2.4 Commodity management. The project will: a) assist PMOs/DCMOs to institutionalize training, continuous learning and orientations in new guidelines and/or other updates; b) strengthen capacity to proactively monitor and redistribute commodities as part of the MOH TA system/program; and c) with the GRZ, jointly review and revise existing supervision tools to ensure they effectively cover commodity management

III. Strategic Information (M&E and QA/QI)

Performance Monitoring

Monthly service statistics will be collected and compiled from all supported sites based on PEPFAR and GRZ indicators, as well as indicators of special interest to the project. The data collection system will be based on and support the GRZ's Health Management Information System in line with the "Three Ones" principle. Primary data will be collected at the facility level using GRZ-approved tools and used to generate monthly service delivery reports for all technical areas (CT, eMTCT, clinical care and ART, MC, laboratory and pharmacy). FHI 360 will maintain data quality by use of the same database platform developed under ZPCT II. The M&E database will generate reports for immediate feedback on performance and review of progress toward planned activities with the partners. This process will build partners' capacity to: 1) utilize data for decision-making; 2) measure progress toward reaching targets; and 3) use the findings of the QA/QI system to improve quality of care according to national standards.

DHIS2. ZPCT IIB will implement a pilot project to migrate its M&E data systems to DHIS2 in four districts, leading to improved information sharing with the GRZ. The MOH has migrated its data processing/reporting system from DHIS1.4, a Microsoft Access Database, to the web-based DHIS2. DHIS2 supports all facets of the information

cycle and enables comparisons across time and location (e.g., monitoring trends across facilities/districts). In tandem with the MOH M&E strategy, ZPCT IIB will pilot the migration of its data reporting system to a web-based DHIS2. This will open new and more efficient ways of supporting the MOH in its quest to improve quality and timely access to HIA1 and HIA2 reports at its different management levels. ZPCT IIB will pilot DHIS2 in Ndola and Lufwanyama districts in the Copperbelt and Solwezi and Kasempa in North-Western Province

Data Quality. Data quality checks will be built in at each level. Supported facilities will be assisted to design and document processes by which data will be periodically reviewed for accuracy, including correct data entry, storage, verification, compilation and analysis. Project/GRZ staff will check data quality during planned technical support visits. ZPCT IIB will also conduct two Data Quality Assessments to cover all sites at semi-annual and annual reporting periods.

Capacity Strengthening. The project will train PMOs/DCMOs, facility managers, HCWs, community volunteers and Data Entry Clerks (DECs) in data collection, data analysis, data use and dissemination of information.

Data Use for Program Improvement. To facilitate utilization of M&E results, FHI 360 will document and disseminate information to relevant partners (MCDMCH/MOH, PMOs/DCMOs, health facilities, etc.) on progress toward ZPCT IIB targets and lessons learned. The project will ensure that M&E results are presented in ways that facilitates programmatic decision-making at all levels and maintain an effective feedback system.

Evaluation

Facility baseline data will be collected in all participating ZPCT IIB sites prior to the implementation of activities. In order to establish program outcomes and impacts, baseline and end-of -project data will be compared and triangulated with other data sources.

Operations Research. Specific questions to pursue will be decided in consultation with the GRZ and provide scientific evidence of the benefits of piloted strategies.

QA/QI and Sustainability

ZPCT IIB will build on the QA/QI system developed by ZPCT I and II and work with the GRZ to institutionalize QA/QI tools and processes. In Quarter 1, project QA/QI tools will be revised to reflect the changes in the *Consolidated Guidelines*. The project will continue to strengthen MCDMCH/MOH capacity to maintain quality services after termination of major technical, programmatic, managerial and financial assistance. ZPCT IIB QA/QI activities will continue to address technical (service delivery), programmatic (management/coordination) and social (demand creation) sustainability.

Program and Financial Management

A. Program Management

ZPCT IIB will employ and build on FHI 360's strong existing management infrastructure and other resources from ZPCT II – including well-established offices in Lusaka and five of the six project provinces, a portfolio of equipment across all program offices, and well-developed program management systems, processes and standards. To further strengthen relationships and joint planning with the GRZ, a new Project Steering Committee will be created with representation from MCDMCH, MOH and NAC.

Rapid Start-Up

As already discussed, ZPCT IIB is a 14-month gap-filling intervention between ZPCT II and the anticipated *Next Generation* follow-on project, which is expected to start no earlier than August 1, 2015. Rapid start-up of ZPCT IIB on September 1, 2014 – immediately following the end of ZPCT II on August 31, 2014 – will be crucial in order to avoid or minimize any potential gap in key HIV/AIDS services for existing clients. To facilitate this, FHI 360 will take advantage of ZPCT II's existing staffing and other infrastructure, both in the Lusaka head office and the five provincial offices. The Key Personnel from ZPCT II have agreed to remain in their positions for ZPCT IIB. The same applies to other senior technical, program management, and finance and administration (F&A) staff. Office space, motor vehicles and laboratory equipment are also already in place and will be deployed to ensure that ZPCT IIB kicks off as quickly as possible. All of these factors will help ensure rapid start-up and a smooth transition from ZPCT II to ZPCT IIB.

Partner Roles and Management

As the prime contractor, FHI 360 will manage ZPCT IIB and hold ultimate responsibility and authority for all financial, technical and programmatic aspects of the project. FHI 360 will coordinate and lead all interactions and communications with USAID, GRZ entities, the subcontractors and other partners. FHI 360 will be responsible for all program indicators and the M&E system. On the technical side, the organization will provide TA and other support for maintaining, scaling up and improving facility-based HIV/AIDS services, as well as strengthening the management capacity of provincial/district health officials.

As with ZPCT II, the ZPCT IIB team will be co-located to ensure coordination, ease of management and smooth implementation. FHI 360's four core partners are two international organizations, MSH and CARE, and two Zambian organizations, Chainama College of Health Sciences and CHAZ. Three of the four – MSH, CARE and CHAZ – were core partners under ZPCT II. FHI 360 will have the ultimate responsibility for managing the subcontractors' program and financial performance to ensure effective implementation of activities and achievement of project targets. The FHI 360 Director of F&A will play a key role in managing all subcontracts from a contractual and financial perspective. The Director of Technical Support will ensure technical soundness of subcontractor activities. The Director of Programs will support subcontractors in planning, budgeting and reporting. The Chief of Party (COP) will be responsible for providing overall guidance, as well as support to address unresolved implementation issues.

Quarterly, the subcontractors will be required to submit their program and technical performance reports to FHI 360 for review. These reports will cover HIV/AIDS services and other key indicator statistics showing progress toward overall project targets. Financial reports will also be submitted to FHI 360 on a monthly basis for review and reimbursements as per contractual reporting requirements consistent with USG rules and regulations. All of the requirements will be outlined in the subcontracts. Management, supervision and monitoring arrangements between FHI 360 and each subcontractor are outlined below.

International Subcontractors

- *CARE*: As under ZPCT II, the overall monitoring and supervision of CARE's activities will be the responsibility of the Deputy Chief of Party (DCOP)/Director of Programs. CARE will provide TA and other support for mobilizing community demand for HIV/AIDS services; maintaining, scaling up and improving community-based HIV/AIDS services; and strengthening comprehensive facility/community referral networks. The CARE lead will be Chikwe Mbweeda, Director of Social

Development, who will represent CARE in project meetings and other relevant platforms.

- *MSH*: As described in the technical approach, MSH will be responsible for providing TA and other support for maintaining, scaling up and improving laboratory and pharmacy services. The overall lead for MSH, who will be the organization's representative in official ZPCT IIB project forums, is to be determined (TBD). The FHI 360 Director of Technical Support will provide technical direction, support and monitoring to MSH.

Local Subcontractors

- *Chainama College of Health Sciences*: Chainama will be responsible for training HCWs and community volunteers in HIV CT. As a new local subcontractor with great potential to significantly contribute to ZPCT IIB and future programs, Chainama will receive priority management support from FHI 360. This will include a thorough pre-award assessment to ensure the organization has the necessary financial, programmatic, IT and physical structures to transparently and effectively manage project funds. Chainama will report to FHI 360 through the Director of Technical Support. Dr. Patrick Mumbi, Acting Head of Department, will be the organization's representative with whom all overall contractual and program issues will be addressed.
- *CHAZ*: CHAZ will continue to provide TA and other support for HIV/AIDS service delivery in existing church-run health facilities in support of GRZ targets. The FHI 360 DCOP/Director of Programs will provide management support to CHAZ to ensure the subcontractor implements its agreed-upon ZPBT IIB activities per schedule and budget. Oversight on technical issues will be provided by the FHI 360 technical team to ensure technically sound interventions in all facilities. In all program and contractual matters with FHI 360, CHAZ will be represented by the Executive Director, Karen Sichinga.

Office Structure

ZPCT IIB will maintain ZPCT II's decentralized office structure. The Senior Management Team (SMT) (see *Staffing Plan*) based in Lusaka will continue to provide overall strategic direction and administrative management support to the five provincial offices. In Muchinga, operations will continue to be managed from the Kasama office in Northern Province.

Relationship with GRZ

In ZPCT II, FHI 360's management relationship with the GRZ was defined by MOUs at the national and provincial levels, while RAs were signed at the provincial, district and general hospital levels. These MOUs and RAs loosely defined the management relationship between FHI 360 and various GRZ structures without being specific on assigned roles and responsibilities. This resulted in a perceived incomplete sense of ownership on the part of some GRZ entities, leading in some cases to serious challenges in terms of accountability for activities, targets and facility/equipment maintenance. To address these challenges, FHI 360 will review and revise existing MOUs/RAs to be more specific on project/GRZ roles and responsibilities. This will be facilitated by the joint planning process to develop a transition/sustainability plan and CS plans. MOUs will be signed with the national MCDMCH, MOH and NAC and PMOs/PATFs. RAs will be signed with PMOs, DCMOs and general hospitals. To further strengthen the project/GRZ relationship and joint planning, coordination and monitoring, a national-level PSC will be established in January 2015. ZPCT IIB will work towards Strengthening Joint Planning via a New Project Steering Committee which is subject to agreement with the GRZ. Proposed members include:

- MCDMCH Director of Planning
- MOH Director of Planning
- NAC Director of Program
- FHI 360 COP, DCOP and Director of Technical Support

FHI 360 will request that the PSC be sanctioned by the relevant Permanent Secretaries. The PSC will meet quarterly to review and analyze the project's progress toward meeting its targets and objectives. It will make recommendations to strengthen program implementation to achieve planned results. In particular, the PSC will assess progress being made in preparing the GRZ for greater responsibility in managing key program elements. The PSC will report back to the MCDMCH, MOH and NAC. The PSC will also provide additional support in monitoring compliance with the MOUs/RAs.

Management Systems, Standards and Processes

FHI 360's Zambia country office will apply the organization's global project and financial management systems, standards and practices in managing ZPCT IIB, including:

Program Management Standards and Performance Metrics. FHI 360 recently revised its Program Management Standards to add additional program management indicators. The Zambia country office will adapt these into an enhanced package of performance metrics for ZPCT IIB, which is expected to result in higher quality and greater efficiency.

Program Performance Reviews. To effectively track progress and address implementation issues that arise, FHI 360 will use its established system of regular program performance review meetings at different levels. Quarterly internal reviews meetings between the head office and provincial offices will be held. At the national level, FHI 360 will conduct joint progress review meetings with each subcontractor and GRZ structures quarterly. FHI 360 will keep USAID apprised of implementation progress and any relevant contractual issues.

Financial Management and Accounting. ZPCT IIB will be managed using FHI 360's well-established financial management system at the corporate and country levels, which promotes the highest standards of financial stewardship and accountability and ensures compliance with USG standards. The system includes a state-of-the art accounting system that separates funding by source, supports program budgeting, and allows managers to relate expenditures to specific areas, such as TA, sub-awards and management costs.

Internal Audits and Compliance. FHI 360 has a strong internal audit system that ensures compliance with corporate, donor, and host government program and financial requirements. As under ZPCT II, audits will be conducted by a headquarters (HQ) internal audit team. In addition, FHI 360 will hire a ZPCT IIB Compliance Officer who will report to the Chief of Party.

Short term technical assistance to the ZPCTIIB

In this work plan period, ZPCT II will receive short technical assistance. In addition, ZPCT II staff will travel for meetings, trainings, workshops and conferences related to technical areas, program management, leadership and finance, both regionally and internationally. Where needed, local technical assistance will be hired to augment the operations research and evaluation activities. See ***Annex C*** for details.

The key international short term technical assistance travel for this project is as follows:

- Technical assistance in the management of sub contracts for local and international partners from the FHI 360 regional office in Pretoria, South Africa and CMS in the US fhi360 office
- FHI 360 headquarters staff to provide technical assistance/ capacity strengthening TA and related support on Task 3, including capacity strengthening assessments and planning, management of integrated services, clinical mentoring
- COP to travel to the Global Leadership Meeting in the United States of America
- Technical visits from MSH headquarters for laboratory, pharmacy and general project support from
- Technical assistance from the fhi360 US based QA/QI advisor in more rigorously application of QA/QI methods to assess ZPCT II's impact on the health system(s)

Program Monitoring

Overall program monitoring of ZPCT II has taken into account the complex program design of the program with its wider scope and scale, which includes expansion of CT, PMTCT, clinical care/ART, MC, and pharmacy and laboratory services in new facilities. Ministry of Health is involved in monitoring program implementation through quarterly program reviews, data reviews, joint program monitoring visits and through PMO Performance Assessments.

Two sources of information exist for program monitoring: 1) routine monitoring of records of service provision in ZPCT II supported health facilities using the program's M&E system; and 2) program-specific information on all aspects of program inputs and outputs including; costs, quantities, and quality of inputs, processes, and outputs. PEPFAR indicators have been added to the routine monitoring of service provision in health facilities. The program's monitoring plan and tools for capturing program specific information have been refined and standardized in order to improve coordination, implementation and tracking of all program inputs and outputs across the six provinces.

Levels of program monitoring:

Program monitoring is currently done at both the Lusaka and the provincial levels through ongoing routine information gathering on program inputs and outputs using program monitoring tools:

At the **Lusaka level**, program performance will be monitored through:

- Quarterly review meetings with Ministry of Health in Lusaka and sharing of quarterly report
- review of provincial monthly program reports for overall program performance and follow up of issues
- review of provincial service statistics
- review of ZPCT II sub partner activities
- review of compliance to Environmental Mitigation Plan
- review of recipient agreement implementation focusing on key RA outputs including refurbishments, trainings, clinical meetings, procurement, transport

reimbursements, functionality of laboratory equipment, motorbikes, air conditioners, access to fuel for motorbikes

- review of RA expenditure
- review by Lusaka technical units of provincial QA/QI quarterly reports
- monthly co-ordination meetings in Lusaka office between finance, technical and program units
- field verification of program monitoring through quarterly visits to field offices by Program, Technical and Finance and Administration
- quarterly update and review of annual work plan deliverables

At the **provincial level** program performance will be monitored through:

- quarterly program and data review meetings with PMOs and DMOs
- sharing of ZPCT II quarterly report and M&E report with PMOs
- joint program monitoring visits with PMO and ZPCT II participation in PMO Performance Assessments
- regular review of trip reports and field visit support forms (signed off by the Technical Advisor and Provincial Program Manager)
- monthly collection and review of service statistics and documentation of program implementation issues and follow up action (evidenced in the trip reports and field visit forms)
- monthly review of provincial program reports
- review of provincial QA/QI quarterly reports and documentation of program implementation issues and actions
- monthly and/or quarterly review and update of program tracking tools
- monthly review and documentation of activities undertaken towards ensuring compliance with the approved ZPCT II Environment Mitigation and Monitoring Plan
- biannual facility end user checks
- quarterly provincial budget pipeline reviews through joint analysis with finance unit
- monthly recipient agreement expenditure tracking through RMFRs

Environmental Mitigation

As outlined in the Contract No. aid-611-0-14-00001 for the Public Sector HIV/AIDS Service Delivery Support Program in Zambia, implemented under the Zambia Prevention Care and Treatment Partnership (ZPCT II B), Fhi360 has prepared an environmental compliance and management plan (see annex L) . All ZPCT II B activities will follow the USAID environmental considerations outlined in 22 CFR 216 and USAID's ADS 201.5.10g and 204. In addition, FHI will ensure that sub contracts and grants and any Global Development Alliance (GDA) private sector entities also comply with these regulations.

ZPCT II aims at strengthening existing health systems including support to infrastructure improvements in public hospitals, clinics and laboratories. In addition the refurbishment and service provision activities will lead to increases in the amount of medical waste including needles, syringes and other contaminated materials and construction debris. FHI applies environmentally sound design to limit and mitigate the impact that the refurbishments or expanded services might have on the immediate and surrounding environment as required by the Environmental Protection and Pollution Control Act CAP 204 of the Laws of Zambia and Regulation 216 of the USG.

ZPCT II will use the environmental site description form, outlined in the annex J, to determine the environmental issues at each site and will monitor according to this assessment

Implementation Approach

ZPCT II B works with the Ministry of Health (MOH) and Ministry of Community Development Mother and Child Health (MCDMCH) through the provincial medical offices and district medical offices to strengthen and expand HIV/AIDS clinical services.

Specifically, the project will support infrastructure improvements in 20 new sites which include government public hospitals, clinics and laboratories in the six provinces. In addition, the project will also support program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision services) in 451 facilities. ZPCT II B anticipates that project activities will continue to increase the amount of medical waste including needles, syringes and other contaminated materials, as well as waste from renovations. ZPCT IIB will use the USAID approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide for monitoring environmental impact of ZPCT II program activities and the management of health care waste in health facilities.

The project also has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment. ZPCT IIB will use the environmental site description form to determine and document before commencement of renovations, the environmental issues at each site and will provide on-going monitoring according to this pre-renovation assessment.

ZPCT IIB, through its provincial offices will also provide on-going monitoring based on current practices at each supported health facility. ZPCT IIB will use the approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide.

ZPCT IIB staff will also ensure that health care workers are knowledgeable about the legal requirements to manage health care waste and that facility staff practice this consistently. To this end, ZPCT II will acquire, distribute and orient Environmental Health Technician (EHTs) the following key documents from the Environmental Council of Zambia:

- Environmental Council of Zambia: Minimum Specifications for Health Care Waste Incineration
- Environmental Council of Zambia: Technical Guidelines on Sound Management of Health Care Waste

Critical Issues and Challenges

- ZPCT IIB mandate does not include funding to construct or purchase infrastructure (e.g. incinerators) for medical waste management and disposal. However refurbishments and improvements to existing incinerators and fencing off of disposal sites can and will be carried out in 2013.

Key Activities

- Pre-renovation Environmental Site Assessment and documentation using the environmental site description form, and sign off by Environmental Health Technician at facility or DCMO level. This ensures compliance before renovations begin.
- Documentation of all renovations and related activities at the provincial level to ensure filing of evidence of compliance with the mitigation plan.
- Distribution of key ECZ documents to facilities and orientation facility staff in the documents to reinforce the mitigation plan on the legal regal requirement to comply with environmental regulations and laws.
- Monitoring of the management and medical waste disposal within the service areas (counseling rooms, labor wards, laboratory, and pharmacy) and the immediate and surrounding facility area, by ZPCT IIB technical and program staff during regularly scheduled technical assistance visits.
- Review of trip report by Technical Advisor and Provincial Program Manager, to verify implementation of the Environmental and Mitigation plan and sign off by the PPM.
- Review of trip reports by Lusaka office to verify compliance to the Environmental and Mitigation plan.
- Provide any other support that is within the mandate of ZPCT IIB as required by Attachment J.2 of the Task Order.

Key Personnel Changes

No key personnel changes are anticipated in 2014.

B. Finance and Administration

ZPCT IIB will continue working on long term strategies for financial management that incorporate both compliance, internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. ZPCT II will continue to conduct on site quarterly financial reviews at the respective provincial and sub recipient offices. FHI 360/Zambia will continue to explore options meant to enhance cost control and efficiency. FHI 360 will arrange external audit for CHAZ during this work plan period.

The ZPCT IIB finance staff will participate in the regional USAID rules and regulation training meetings. During this period, the Office of Compliance and Internal Audit will conduct training on compliance and procurement to ZPCT IIB staff.

Furthermore, FHI 360 ZPCT II staff will attend the annual FHI 360 finance and Contracts regional workshop. FHI 360 will support local continuous professional development training for finance staff during this work plan period. FHI 360 will also enroll new

finance and administration staff in the USG online cost principles training. In addition, finance and administration staff will participate in regional leadership trainings. FHI 360 will conduct finance and administration capacity building training for the sub-contractors finance personnel. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts. Annual meetings will be conducted for the Lusaka and provincial finance and administrative staff to review finance operations.

C. Information Technology (IT)

- Procurement of staff computers and printers is an ongoing IT activity and in 2014 we expect to procure 10 new laptops for staff. We continue to face a lot of challenges with imaging equipment i.e. printers and scanners which are now a few years old in most cases. Turnaround times for printer repairs remain a challenge as the HP center we have been using has been slow in ordering replacement parts for faulty equipment. As most of the printer equipment have run out of warranty, repairs of this equipment remain very expensive and usually equivalent to new purchases. Therefore, in 2014; we expect to procure 6 network printers/Scanners for our offices.
- IT will continue to carry out routine maintenance of desktop, laptop and printer in all offices. For this replacement parts will be procured and in addition routine maintenance on the local area networks in the ZPCT Bridge offices in Solwezi, Mansa and Kabwe will be carried out particularly replacing faulty network points and damaged cabling. ZPCT Kasama office is likely to move to a new location which means that an entire LAN infrastructure will require installation in the office. If this becomes the case IT will carry out the works in house to lower costs.
- A substantial number of computers in the health Facilities have now become obsolete and may not be able to meet the minimum hardware requirement for current versions of key applications such as SmartCare which are used at these facilities. IT will therefore phase out and replace the Dell OptiPlex 520 and 755 models in some facilities.
- Networking for SmartCare has been ongoing in all the supported provinces. On the Copperbelt 12 out of 23 facilities earmarked have been networked. In the North Western province 7 out 9 have been completed. Central province remains with 5 out of 12 facilities and lastly Northern/Muchinga remains with only 3 facilities to network. In 2014, travel for IT support to health facilities is expected to increase because of the time required for all the facility Local Area networks to be installed in addition to the normal support visits to these facilities by IT staff.
- ZPCT has been running all servers on Windows Server 2003 platform since inception. Operating systems upgrades will be carried out so that all domain controllers will run windows server 2008 while file servers will be upgraded to server 2012. Virtualization will be implemented at all ZPCT offices to achieve maximum hardware utilization.

- Staff Training. In 2014, VMWare will be a major platform implemented during the ZPCT Bridge project and as such IT staff will be sent for training as part of their staff development.

D. Procurement

Procurement for the 2014-2015 work plan includes procurement through the recipient agreements and some direct procurement. The process for developing the Recipient Agreements for the MOH health facilities, will determine procurement needs for the current work plan period. In addition, through the recipient agreement (RA) process, additional items may be identified throughout the year and will be added through the RA amendment process.

The ZPCT II material assistance plan due to USAID on 30th November 2014, will detail the procurement framework for the current work plan period in order to ensure effective programmatic implementation. The plan will serve as a guide for managing procurement throughout 2014 work plan period and will be updated as acquisition needs change. The plan will also identify and define the equipment to be procured and decision criteria. In addition, procurement will travel to the provinces to continue carrying out capacity building for the administrative staff that assists procurement in processing documentation for goods and services at provincial level. Procurement plans may change over the course of the year through recipient agreement amendments as determined by needs.

E. Human Resources

Staffing

In 2014-2015 annual work plan, the human resource unit will be working with other unit heads to foster continued collaboration and reinforcement of ZPCT Bridge deliverables.

There are 173 approved positions under ZPCT II Bridge. Of this number 166 have been filled since start-up with a total of 7 vacancies at present and the recruitments are under way and will be concluded within the month of November, 2014.

Performance Management has begun and all staff are currently setting objectives for the Bridge period.

Training and development

The human resource office will continue to pursue training and development activities in the next year to address capacity building needs across the organization. The areas of focus for training in the next year include some of the following:

- Leadership and supervisory training
- Grievance handling and disciplinary processes
- Performance Management

Employee Engagement

The human resource office is developing tools to enhance employee engagement for staff motivation and retention. Areas will include training through the e-learning platform on FHI360 website, staff retention through Talent Management, employee wellness programs and employee surveys.

Staffing Structures

Senior Management Team. The SMT will be led by the COP and also include the DCOP/Director of Programs, Director of Technical Support and Director of F&A. The SMT will provide leadership, strategic and operational direction, and overall project oversight.

Program Unit. This unit will be led by the DCOP/Director of Programs, who will supervise head office program staff and the Provincial Managers. Provincial-level program staff will continue to report to the Provincial Managers. In coordination with the other units, the program team will be responsible for managing the work planning and budgeting processes, as well as coordinating implementation of activities on the ground.

Technical Unit. Under the supervision of the Director of Technical Support, this unit will have advisors for each technical area who support and supervise provincial technical staff and ensure activities are implemented according to relevant GRZ guidelines. The unit will also provide technical oversight on subcontractors' activities. It will include a small sub-team of operations research staff. M&E will be supported by M&E staff in Lusaka and the provinces with Data Entry Clerks who will be based at the sites across all provinces. The DEC position is critical for capturing HIV/AIDS services data at the site level and ensuring data quality. The Research, Monitoring & Evaluation Advisor is a Key Personnel position.

F&A Unit. Led by the Director of F&A, head office staff in this unit will include the Associate Director of F&A, Senior Finance Analyst and a Contracts Management Services (CMS) Manager. They will provide day-to-day financial and contracts management support to provincial offices and subcontractors. They will also review, analyze and provide feedback on subcontractor finance reports on a monthly basis to ensure project spending complies with contractual requirements and USG regulations. In addition, the Lusaka F&A and CMS staff will regularly interact with FHI 360 HQ and East and Southern Africa (ESA) regional backstopping teams. A Senior Finance Officer in each provincial office will be responsible for day-to-day financial management at the implementation level.

Other Project Personnel

In addition to the Key Personnel discussed in the next section, select other positions are highlighted below. All will provide 100 percent Level of Effort.

Table 4. ***Other ZPCT IIB Personnel and Roles***

Position/#	Name	Primary Roles and Responsibilities
Associate Director, Technical Support	Patrick Katayamoyo	Provide technical input/monitoring support to activities in each province through district and facility-level implementation agreements and plans
Program Management Advisor	Clement Bwalya	Work closely with the Director of Programs; liaise with technical and F&A units in supporting program planning, budgeting and implementation at all levels

Gender Specialist	Josephine Musamba	Provide technical support, including CS, to integrate the USAID-approved ZPCT II gender strategy
Senior CS Advisor	TBD	Lead planning and implementation of HSS/CS activities, including joint assessments and CS plans
Finance Officer	Stanford Lukonga	Provide financial management support to provincial offices; conduct monthly reviews of financial reports
Compliance Officer	TBD	Responsible for monitoring to ensure compliance with FHI 360 and USG requirements
Provincial Manager (5)	TBD	Provide overall leadership to and management of all provincial-level implementation activities
Provincial Technical Advisor (5)	TBD	Provide technical leadership within province; directly coordinate technical team in implementation at facility level; project contact point at district level

HQ and ESA Regional Office Support

FHI 360 uses a Country-Centered Delivery Model that promotes increasing responsibility and accountability for program delivery to country platforms, with HQ and regional offices providing management oversight and technical support. HQ and regional ESA Business Unit experts will provide short-term technical assistance (STTA) to ZPCT IIB, delivered virtually to the extent possible to keep costs down. South Africa-based ESA STTA providers will include: Kurayi Kowayi, Senior Program Officer (main backstop); Kellock Hazemba, Director, Enterprises Services (finance/administrative oversight); and Mike Merrigan, Regional Strategic Information Advisor. HQ technical experts will provide STTA in eMTCT/Option B+, health economics, HSS/CS, DHIS2 and bio-statistics.

V. Reports and Deliverables

The terms of the ZPCT II Bridge Contract between USAID and FHI 360 describe the reporting requirements and deliverables as follows:

Annual Work Plan

This document represents ZPCT II Bridge work plan and covers the period October 1st 2014 to November 31st 2015. The annual work plan details the work to be accomplished in the timeframe of the Bridge project. The work plan may be revised on an occasional basis, as needed, to reflect the changes on the ground and with the concurrence of the COR.

All work plans will include the estimated funding requirements necessary to meet program objectives within the Task Order for the period of program implementation.

Performance Management Plan

FHI 360 submitted the life of project (LOP) Performance Management Plan to USAID. The plan includes project performance indicators and detailed information about each including: data sources, frequency and schedule of data collection, and organizations and individuals responsible for data collection and verification. In addition, the plan outlines how these data are analyzed and used by the project in order to continuously improve the program.

Quarterly Progress and Financial Reports

The Task Order states that Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. Partners will be asked to submit their reports 15 days before the due date so that their inputs can be incorporated into the quarterly reports submitted by FHI 360. The scope and format of the quarterly reports is determined in consultation with the COTR. In response to this, ZPCT II submits quarterly program and financial reports every quarter within thirty days after the end of each quarter. These reports outline progress made in achieving results as well as program challenges. In addition, FHI 360 will submit the SF-1034 financial report on a monthly basis after the end of each month.

PEPFAR Semi-Annual and Annual Progress Reports

ZPCT II will submit the semi-annual PEPFAR country operational plan (by April 30th) and annual progress reports for each calendar year (by October 30th) throughout the life of this project. The COP will also be submitted as required by PEPFAR.

Other Deliverables

FHI 360 will conduct required environmental assessments during the first two quarters and will use the Environmental Mitigation Plan and Marking and Branding Plan that will be submitted to USAID in November 2014.

Annex A: ZPCT IIB Work plan Budget

	ZPCT II B Work-Plan Budget: September 1, 2014 - November 31, 2015										
	LINE ITEM	**CT**	**EMTCT**	**MC**	**HTXS**	**HBHC**	**PDXS**	**PDCS**	**TB**	**LAB**	**TOTAL**
I.	**Salaries & Wages**	**1,235,215**	**1,715,577**	**205,869**	**1,166,592**	**411,738**	**480,362**	**274,492**	**754,854**	**617,608**	**6,862,308**
II.	**Fringe Benefits**	**429,490**	**596,514**	**71,582**	**405,629**	**143,163**	**167,024**	**95,442**	**262,466**	**214,745**	**2,386,055**
III.	**Consultants**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-**
IV.	**Travel & Transportation**	**142,510**	**197,931**	**23,752**	**134,593**	**47,503**	**55,421**	**31,669**	**87,090**	**71,255**	**791,723**
V.	**Procurement / Medical Supplies**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
VI.	**Sub-Contracts/Recipient Agreements**										
	MSH	161,973	259,960	26,995	152,974	53,991	62,989	35,994	98,983	80,986	899,849
	CARE	199,906	277,648	33,318	188,800	66,635	77,741	44,424	122,165	99,953	1,110,591
	Churches Health Association of Zambia	44,987	62,482	7,498	42,487	14,996	17,495	9,997	27,492	22,493	249,926
	Chainama College Of Health Sciences	39,527	54,898	6,588	37,331	13,176	15,371	8,784	24,155	19,763	219,592
	MoH Health Facility Recipient Agreements	729,066	1,012,592	121,511	688,562	243,022	283,526	162,015	445,540	364,533	4,050,367
		1,175,459	**1,667,579**	**195,910**	**1,110,155**	**391,820**	**457,123**	**261,213**	**718,336**	**587,729**	**6,530,325**
VII.	**Other Direct Costs**	**386,699**	**537,082**	**64,450**	**365,216**	**128,900**	**150,383**	**85,933**	**236,316**	**193,350**	**2,148,329**
VIII.	**G & A**	**892,898**	**1,240,137**	**148,816**	**843,293**	**297,633**	**347,238**	**198,422**	**545,660**	**446,449**	**4,960,546**
	Fixed Fee	**213,429**	**296,429**	**35,571**	**201,571**	**71,143**	**83,000**	**47,429**	**130,429**	**106,714**	**1,185,714**
IX.	**TOTAL**	**4,475,700**	**6,251,248**	**745,950**	**4,227,050**	**1,491,900**	**1,740,550**	**994,600**	**2,735,150**	**2,237,850**	**24,900,000**

Annex B: ZPCT IIB Work Plan Activity Implementation Gantt Chart

Activity	Responsible Unit	Cost Narrative	2014			2015										
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system and supports the priorities of Ministry of Health AND National AIDS Council (NAC**)**																
ACTIVITY 1: Maintain comprehensive, quality HIV/AIDS services currently supported by ZPCT II, including ART access for previously enrolled clients																
Counselling and testing																
Participate in the MOH Technical Working Groups (CT/ PMTCT ; CC/ART; MC; Lab/Pharm; M&E/QA/QI)	All technical staff	Staff time	X	X	X	X	X	X	X	X	X	X	X	X		
Integrate routine provider-initiated HIV Testing and Counselling into all clinical areas at 450 sites (FP, MC, and TB)	CT	Staff time TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Provide TA to enhance screening/referrals for NCDs and GBV	CT	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Promote Couple HTC with focus on sero-discordancy and referral for ART and prevention counselling	CT	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
elimination of mother to child transmission (eMTCT)	CT/PMTCT unit		X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Integrate eMTCT services into ANC/post natal care/maternal, neonatal and child health at 437 sites	CT/PMTCT unit	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Monitor routine HIV testing for all pregnant women and access to ARVs for eMTCT for those testing positive	CT/PMTCT unit	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
Early Infant Diagnosis for all HIV-exposed infants	CT/PMTCT unit	Staff time, TA visits by ZPCT staff and EMS	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	

		courier for DBS samples														
ART- Support provision of adult and pediatric ART at 177 sites	Clinical Care unit	Training, TA visits by ZPCT staff, renovations, procurement of equipment, placement of DECs	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Clinical Care and Support- Support provision of adult and pediatric clinical care and support at 451 sites	Clinical Care unit	Training, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Voluntary Male Circumcision- Support provision of MC at 56 sites	Clinical care unit	Training, TA visits by ZPCT staff, renovations, equipment/instruments	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
TB/HIV- support integration of TB/HIV services at 451 sites	Clinical care unit	TA visits by ZPCT staff			X			X			X					
Capacity building- Train, mentor and supervise health care workers and volunteers	All technical units and CARE	Training costs, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
PopART study –Support PopART study in 6 ZPCT II B sites	Clinical Care unit	Personnel salaries, equipment, renovations, equipment, and TA visits by ZPCT staff	X	X	X	X	X	X	***X***	***X***	***X***	***X***	***X***			
ACTIVITY 2 – Scale up ART at current sites to implement new GRZ guidelines that expand eligibility																
Enroll new clients using consolidated guidelines	Clinical Care unit	TA visits by ZPCT staff			X			X	X			X	X			
Train 300 health care workers in the new guidelines	Clinical Care unit and CT/PMTCT unit	Training costs and staff time		X	X		X		X		X		X			

Work with GRZ to adapt consolidated guidelines for Adherence Support Workers, eMTCT lay counselors	Clinical Care unit and CT/PMTCT unit	Training, TA visits by ZPCT staff														
Client monitoring using Viral Load Testing	CC/ART	TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X			
Facilitate community involvement in improving retention in care	CT/PMTCT, CC/ART, CARE	TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X			
ACTIVITY 3: Provide technical and material support to roll out Option B+ in eMTCT service																
Joint assessments for Option B+	ZPCT staff with MOH/MCMCH staff	Staff time and travel costs		X	X	X										
Operationalize test and treat policy for all pregnant/breastfeeding women in 177 eMTCT/ART sites	CT/PMTCT/ Clinical Care unit	Staff time and TA visits by ZPCT staff		X	X	X										
Orientation of community volunteers in Option B+	CT/PMTCT/ Clinical Care unit	Staff time and funds for orientation meeting		X	X	X										
Initiation and monitoring of ART within MNCH for 24 months (followed by transition to ART)	CT/PMTCT, Training costs,	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
Expanded Adherence counselling within eMTCT	CT/PMTCT/ Clinical Care unit	Training of volunteers	X	X	X	X	X	X	X	X	X	X	X	X	X	
Support data management to capture ART in eMTCT	Strategic Information unit	Place and support 180 DECs and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
Support improved monitoring and evaluation of retention in care/LTFU	CT/PMTCT/ Clinical Care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
Support periodic/routine cohort monitoring to assess quality of care and extent to which women are being retained throughout the continuum of care and identify key service delivery points where they are being lost to follow up	CT/PMTCT/ Clinical Care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
ACTIVITY 4- Expanded HIV/AIDS service coverage in new districts and underserved areas																

Expand to a total of 20 new sites as follows: 20 CT/eMTCT sites, 14 ART sites, four MC sites and three laboratories	PMTCT	Staff time, TA visits by ZPCT staff, renovations, equipment, training	**X**	X	X	X	X									
ACTIVITY 5- Strengthen integrated service delivery and measure integration outcomes																	
Integrate HTC in all clinical services	CT/PMTCT unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	**X**
Integrate eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution);	CT/PMTCT unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	**X**
FP referrals and one-stop FP shops in ART/MNCH at 12 model sites;	CT/PMTCT unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	**X**
Implement TB/HIV integration (i.e. early TB-HIV co-management) in all supported sites	Clinical Care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Implement NCD/GBV screening/referrals for PLHIV	Clinical Care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Support MC as an HIV prevention tool as part of couple counseling in CT/eMTCT (with referrals for all HIV-negative male partners)	Clinical Care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
Measurement of integration outcomes will include: 1) strengthening documentation of the final outcome of HIV status in cases of post-exposure prophylaxis (PEP) for sexual assault; 2) determining CYPs generated from FP referrals across HIV service areas; and 3) developing methods to track referrals for NCDs, nutrition counseling and TB services. PMO/DCMO capacity to manage service integration will be emphasized.	CT/PMTCT and Clinical Care unit	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	
ACTIVITY 6- Provide support to enhance core HIV/AIDS services																	

Pilot Community-based CT in three districts	CARE and CT/PMTCT unit	Staff time, TA visits by ZPCT staff				X	X	X	X	X							
Introduce community ART tracking registers and monitor outcome	CARE and Clinical Care unit	Staff time, TA visits by ZPCT staff			X	X	X										
Distribute 60 Point of Care CD4 equipment	Clinical Care, Program and Procurement unit	Staff time, transport costs				X	X										
Establish sample referral system for Viral Load Testing at Mansa General Hospital	Program, Laboratory and Clinical Care units	Staff time, set up costs for sample referral system				X	X	X									
Implement adolescent HIV/AIDS clinics in 20 sites in six provinces	Clinical care unit	Staff time, training, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X		
Implement targeted MC services(e.g. by age, geography)	Clinical care unit	Staff time, TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X		
Support enhanced demand creation for MC services by orienting NHC/volunteer educators	CARE and clinical care unit	Staff time, TA visits by ZPCT staff and training costs	X	X	X	X	X	X	X	X	X	X	X	X	X		
Support enhanced coordination of MC services at provincial/district level through quarterly meetings	Clinical care unit	Staff time, meeting costs				X			X			X			X		
Support implementation of the "3Is"	Clinical care unit	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X		
Support use of screening algorithms for referring clients to TB diagnostic testing using Xpert MTB/RIF	Clinical care unit	Staff time and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X		
Roll out of ZPCT II community mobilization toolkit, focusing on timely reporting of rape, access to PEP within 72 hours, and emergency contraception	Program unit in collaboration with technical unit	Staff time, training costs, follow up TA visits by ZPCT staff				X	X	X	X	X	X	X	X	X	X		

ACTIVITY 7- support use and scale up of facility QA/QI tools and processes to improve HIV service delivery																
Administer QA/QI tools in all service areas in existing and new sites	Strategic Information unit	Staff time, and TA visits by ZPCT staff	X	X	X	X	X	X	X	X	X	X	X	X	X	
Monitor graduated districts using QA/QI tools	Strategic Information unit	Staff time, and TA visits by ZPCT staff		X			X			X			X			X
Initiate and implement QI projects in selected supported sites focusing on retention in care/LTFU, EID uptake, and service integration	Strategic Information unit	Staff time, and TA visits by ZPCT staff				X	X									
Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.																
Activity 1- Maintain, expand and strengthen pharmacy services																
Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other drugs.	Lab and Pharmacy	Staff time, and TA visits by ZPCT staff	X			X			X			X			X	
Support commodity inventory management systems and security	Lab and Pharmacy	Staff time, and TA visits by ZPCT staff	X		X		X		X		X		X		X	
Orient/refresh clinical staff on national pharmacy guidelines and SOPs	Lab and Pharmacy	Staff time, and TA visits by ZPCT staff				X	X	X	X	X	X					
Train health care workers and provide TA in pharmacy and drug issues related to ART outreach	Lab and Pharmacy	Training costs				X	X	X								
Provide support to consolidate pharmacy staff capacity in medication use, counselling and patient follow up.	Lab and Pharmacy	Staff time, and TA visits by ZPCT staff		X	X	X	X	X	X	X	X	X	X	X	X	
ZPCT B will collaborate at national level with MOH/MCDMCH, USG stakeholders on quantification, forecasting, and procurement of reagents and HIV- related commodities	Lab and Pharmacy	Staff time							X							
ZPCT II B will collaborate with MOH on review of the Health Center Kit contents and, specifically, supplementary essential medicines for OIs and other conditions	Lab and Pharmacy	Staff time			X	X	X	X	X	X	X	X				
ZPCT II B will collaborate with MCDMCH/MOH and other partners in the review of the Management	Lab and Pharmacy	Staff time		X	X	X	X	X	X	X	X	X				

Information System for drugs and other supplies in support of supply chain management.																
ZPCT II B will support periodic review and updating of ART pharmacy SOPs.	Lab and Pharmacy	Staff time	X			X			X		X					
Activity 2-Maintain, expand and strengthen laboratory services																
Provide TA, mentoring and other support to ensure availability of reagents, quality control materials and supplies for sample referral, CD4, hematology, chemistry and DBS (in collaboration with MOH, Supply Chain Management System [SCMS] and Medical Stores Limited [MSL]	Lab and Pharmacy	Staff time	X			X			X			X				
Support the sample referral and transport system for ART/eMTCT clients	Lab and Pharmacy	Support budget line for fuel and motorcycle maintenance	X	X	X	X	X	X	X	X	X	X				
Train PCR staff at ADCH in the use of the automated platform CAP/CTM 96	Lab and Pharmacy	Training costs and post training mentorship			X				X	X	X	X	X	X		
Support use of the courier network for DBS samples to the polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola for EID	Lab and Pharmacy	Support budget line for EMS service		X	X	X	X	X	X	X	X	X	X			
Strengthen adherence to Internal Quality Control (IQC) for accuracy and precision of HIV test results	Lab and Pharmacy	Staff time and TA	X	X	X	X	X	X	X	X	X					
Review indicators and tools for monitoring the sample referral and transport system and IQC usage	Lab and Pharmacy	Staff time	X	X	X	X										
Implement IQC for HIV testing at facilities with laboratories, especially in the 131 HIV testing corners at currently supported sites	Lab and Pharmacy	Staff time and TA visits	X	X	X	X	X	X	X	X	X					
Monitor participation in national External Quality Control programs for CD4 and chemistry	Lab and Pharmacy	Staff time and TA visits	X	X	X	X	X	X	X	X	X					
Implement inventory management systems, logistics and commodity security for laboratory supplies	Lab and Pharmacy	Staff time and TA visits	X	X	X	X	X	X	X	X	X					
Implement use of the Laboratory Management Information Systems (LMIS).	Lab and Pharmacy	Staff time and TA visits	X	X	X	X	X	X	X	X	X					

Procure limited supplies of reagents required for critical HIV-related tests, as needed and feasible.	Lab and Pharmacy	Support budget line for ad hoc procurements	X	X	X	X	X	X	X	X	X						
Initiate new ART sites onto the MSL systems for receipt of reagents and quality control materials	Lab and Pharmacy	Staff time and TA visits		X	X	X											
Orient and initiate the specimen referral and DBS transport systems for ART/eMTCT	Lab and Pharmacy	Support fuel, motorcycle costs and stationery, and TA visits		X	X	X	X										
Introduce IQC practices for ART test parameters	Lab and Pharmacy	Staff time and TA visits			X	X											
provide periodic facility-based technical support in monitoring batch IQC, sample referall system and good laboratory practice	Lab and Pharmacy	Staff time and TA visits			X			X			X						
initiate LMIS implementation	Lab and Pharmacy	Staff time and TA visits		X	X												
Use indicators to monitor and strengthen the IQC for HIV/ART test parameters and referral systems	Lab and Pharmacy	Staff time and TA visits		X		X		X		X		X					
Monitor use of manual systems for data entry and commodities	Lab and Pharmacy	Staff time and TA visits		X		X		X		X		X					
At the national level, participate in relevant TWGs and collaborate with other stakeholders on forecasting and procurement of reagents, quality control materials and supplies	Lab and Pharmacy	Staff time		X			X			X							
Support a review and printing of SLIPTA related laboratory SOPs	Lab and Pharmacy	Staff time and Printing costs		X	X	X	X										
At MOH request, ZPCT IIB will provide technical support to hospital labs participating in Strengthening Lab Management toward Accreditation	Lab and Pharmacy	Staff time and TA visits		X				X			X						
Activity 3- develop the capacity of facility Health Care Workers and community volunteers																	
Train 627 health care workers (300 in consolidated guidelines)	Technical Unit	Training costs (venue, DSA, training materials, staff allowances)		X	X	X	X										
Train 370 community volunteers	CARE	Training costs (venue, DSA,		X	X	X											

		training materials, staff allowances)														
Train 60 Data Entry Clerks in data management in ART	Strategic information	Training costs (venue, training materials, staff allowances		X	X											
Provide on-site post training mentoring for both cadres	CARE, Technical unit	Staff time and TA visits costs		X	X	X	X	X	X	X	X					
Activity 4- Support for community volunteers																
Provide on-site mentorship and supportive supervision to 1,419 volunteers placed in ZPCT IIB sites	CARE	Staff time and TA visits costs			X	X	X	X	X	X	X	X	X			
Provide allowances to 1,419 volunteers placed in ZPCT II B sites	CARE	Staff time			X	X	X	X	X	X	X	X	X			
Explore options for long term sustainability and share with GRZ and USAID	CARE	Staff time			X	X	X	X	X	X						
Activity 5- Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence																
Provide financial support and TA to facilitate active engagement and participation of community based structures in demand creation, promotion of positive and health lifestyles among PLHIV and gender considerations. The structures include NHCs, traditional leaders, NZP+, Mother support groups	CARE	Staff tine, TA visits and orientation/start up meetings meetings	X	X	X											
Activity 6 – Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care																
Provide minimal financial support to reinforce referral meetings	CARE	Meetings costs		X	X											
Update service directories	CARE	Printing costs			X											
Refine referral tools, operating manual and SOPs	CARE	Staff time			X	X										
Explore use of mobile technology to enhance referrals	CARE	Staff time			X	X										
Document success stories	CARE	Staff time					X	X								
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions																
Activity 1 – Strengthen provincial/district GRZ capacity to manage integrated delivery of HIV/AIDS and other health services																
Joint assessment and planning that will include the following:	Program unit	Travel and meeting costs														
National and provincial level meetings with GRZ	Program unit	Meeting costs		X	X	X	X	X								

Adaptation of fhi360 Rapid Health System Tools	Program unit	Printing and meeting costs		X	X											
Analysis of GRZ capacities, resources and systems are critical for effective and sustainable management of integrated delivery of HIV/AIDS and other health service	Program unit	Meeting costs			X	X										
Identification of barriers to delivery of integrated services and other bottlenecks	Program unit	Staff time				X	X									
Use of QA/QI data and OrgCap data to determine factors that are critical to sustaining quality in graduated districts	Program unit	Staff time and meeting costs			X					X						
Identify steps and strategies for increasing GRZ allocation of resources	Program unit	Staff time				X	X									
Implementation of Routine Efficiency Measurement (REMs)	Program unit	Meeting and TA travel costs						X	X							
Develop a transition plan to move from the current level of GRZ capacities, resources and systems to complete programmatic responsibility. The transition plan will include short- (Bridge period) and longer-term goals, objectives and activities, along with clear metrics, responsibilities of all participants and a multi-year timeline. The plan will specify program elements for transitioning to the DCMO, a required ZPCT IIB deliverable within 180 days of the effective award date.	Program unit	Meeting costs (including DSA, ZPCT staff allowance, venue, transport)				X	X	X	X	X	X	X				
Develop provincial and district (in the 10 districts) Capacity Strengthening plans with activities to be completed during the Bridge period, including clear metrics, responsibilities and a timeline, to support the transition plan. The plans will also contain priorities and strategies for the longer term.	Program unit	Staff time, meeting costs and TA travel costs				X	X	X								
Conduct ongoing review of progress in implementing the transition/CS plans during regular national, provincial and district quarterly review meetings. OrgCap and the QA/QI and Performance Appraisal tools will be used to monitor progress in improving capacity and performance at multiple levels.	Program unit	Staff time and TA travel costs					X	X	X	X	X	X	X			

Provide capacity strengthening TA and related support to the following activities:																
Provide TA support in the integration of services to ensure alignment with GRZ guidelines	Technical unit	Staff time and TA travel costs			X	X	X	X	X	X	X	X	X	**X**	**X**	
Support adaptation or development of integration SOPs and job aids	Technical unit	Staff time and TA travel costs			X	X	X									
Provide TA to the GRZ planning process to prioritize integration	Technical unit	Staff time and TA travel costs					X	X	X							
Provide financial supports and TA in the effective planning, coordination, and implementation. monitoring and evaluation of the existing GRZ clinical mentoring program	Program unit	TA visits and support for DSA		X	X	X	X									
Provide TA and financial support in developing equipment maintenance plans at DCMO level with functionality tracking metrics	Program unit	Staff time and printings costs		X	X	X	X									
Provide TA to institutionalize commodity management through ongoing training, learning, effective monitoring and supervision	Lab and Pharmacy	Staff time		X	X	X										
Monitoring and Evaluation																
Compile and submit monthly, quarterly, semi-annual and annual data reports to USAID,	SI (M&E)	Staff time, and travel related costs (accommodation, perdiem)	X	X	X	X	X	X	X	X	X	X	X	X		
Conduct two data audits to monitor and evaluate service statistics	SI	FHI 360 staff for data audit and provincial MOH staff				X					X					
Collaborate with MOH and sub partners to implement and support SmartCare in ART sites and to conduct bi-annual SmartCare field supervisory visits	SI (M&E)	Staff time, and travel related costs (accommodation, perdiem) ZPCT II staff to participate through	X	X	X	X	X	X	X	X	X	X	X	X	X	

		quarterly TA visits														
Conduct 5 days SmartCare trainings for 60 clinical care staff including DECs in new sites as part of orientation	SI (M&E)	Training costs and follow up mentorship			X											
Pilot Web-Based DHIS2 in 4 districts (Ndola and Lufwanyama in Copperbelt and Solwezi and Kasempa in North-Western Province		Training costs and follow up mentorship Training costs			X	X	X	X	X	X	X	X	X	X		
Conduct 5 day TOT training in SmartCare for 27 ZPCT II SI staff	SI (M&E)	Training costs and follow up mentorship					X									
Procure five licenses for the Statistical software for data analysis (SPSS and STATA)	SI, Finance, IT	Training costs				X										
Conduct a 3 days training for 80 Pharmacy staff in new version of SmartCare,	SI, Finance, IT	Training costs and follow up mentorship				X										
Conduct a capacity building training for 60 ZPCT IIB technical staff from all 5 provinces in MOH approved Performance Improvement Approach QI model to better support MOH QI initiatives	SI	Training costs and follow up mentorship				X										
Procure SmartCare forms for all ZPCT IIB supported health facilities		Procurement costs		X	X											
Print HMIS registers for supported site: 431 ART and Pre-ART Registers for 431 sites and 431 ANC registers for 431 sites	SI unit	Printing costs		X	X											
Strategic Information (QA/QI)																
Conduct client exit surveys in all the ZPCT II supported provinces	SI (QA/QI)	30 ZPCT II staff to administer the questionnaires in 15 districts for 90 nights	X	X	X	X	X	X	X	X	X	X				
FHI 360 HQ staff to conduct one national 5 day capacity building workshop for provincial QA/QI	SI (QA/QI)	$96 per person for 25 ZPCT II				X										

Conduct annual QA/QI Data Audits	SI (QA/QI)	7 ZPCT II staff to participate, for six days												X			
Program implementation																	
Implement support to 451 MOH/MCDMCH public and private health facilities	Program unit	MOH budget line	X	X	X	X	X	X	X	X	X	X	X	X	X		
Conduct program management support visits to 451 facilities	Program unit	Staff time, and travel related costs (accommodation, perdiem)	X	X	X	X	X	X	X	X	X	X	X	X			
Submit ZPCT II B Project close out plan to USAID and hold close out meeting in Lusaka	Program unit	Staff time						X									
Program Monitoring																	
Quarterly provincial budget pipeline reviews through joint analysis with finance unit	Program and finance unit	Staff time			X			X			X			X			
Monthly Pipeline review by Lusaka office	Finance and program unit	Staff time	X	X	X	X	X	X	X	X	X	X	X	X			
Monthly recipient agreement expenditure tracking analysis using Sub recipient Financial Reports	Finance and program unit	Staff time	X	X	X	X	X	X	X	X	X	X	X	X			
One annual meeting to review annual work plan deliverables	Finance and program unit	Meeting costs										X					
Program reporting																	
Provincial offices submit four quarterly provincial program reports (including service statistics) to Lusaka office	Program unit	Staff time			X			X			X			X			
Provincial offices submit four QA/QI quarterly provincial reports to Lusaka	SI unit	Staff time			X			X			X			X			
Three quarterly progress reports to USAID	Program unit	Staff time				X			X			X					
Submission of PEFAR expenditure analysis report	Finance unit	Staff time													X		
Presentation semiannual portfolio review Q1 FY and Q3 FY	SI unit	Staff time							X					X			

Annual progress report to USAID	SI unit	Staff time													X	
Submit end of project report	Program unit	Staff time														X
Information Technology																
Procure laptop computers for staff	IT unit	Procurement costs			X	X										
Conduct maintenance of IT equipment and procure replacement parts	IT unit	Procurement costs, staff time and travel costs			X	X	X	X	X	X	X	X	X	X	X	
Phase out Dell Optiplex	IT unit	Staff time		X	X	X										
Conduct networking for smartcare in all provinces	IT unit	Networking costs			X	X	X	X	X	X						
Upgrade operating systems to windows server 2008	IT unit	Upgrade costs				X	X	X	X							
Train it staff in VMWare	IT unit	Training costs				X	X									
Human Resources																
Recruitment of outstanding positions	Human Resources	Adverts and other recruitment costs		X	X											
Training and Development of FHI360staff in various areas (leadership, project management, total quality management, knowledge management)	Human Resources	Staff time			X		X		X			X				

Annex C: Short Term Technical Assistance and External Travel (October 1, 2014 – November 31, 2015)

Purpose	Number of Trips	Type of Trip I= Int'l R=Regional	Tentative Dates
FHI 360 TA and ZPCT II B Staff			
Technical assistance from FHI 360 regional office in Pretoria to the ZPCT II program	3	R (from SA)	TBD
Dr. Justine Mandala from FHI 360 HQ to provide TA support in PMTCT	1	I	TBD
Bruno Bouchet Director, Health Systems Strengthening from Washington to provide TA support to QA/QI program	1	I	TBD
TA for DHIS implementation from Mike Merrigan	1	R	TBD
David Wendt from FHI360 HQ to provide technical support to the development of the Joint Decentralization plan with GRZ, a deliverable under the ZPCT B contract	2	I	TBD
Rest and Recuperate for Chief of Party	1	1	
MSH			
Orientation for Zambia team	1	R (from South Africa)	TBD
Supervisory visit from Cambridge	1	I	TBD
One TA visit from Cambridge –Lab systems/quality support	1	I (from US)	TBD

Annex D: Partners, Roles and Responsibilities and Reporting Structures

Partner	Roles and Responsibilities	Reporting Structure
FHI 360 – Prime	Provide overall program, technical and financial leadership be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Contracting Officer's Technical Representative, manage relationships with the MOH, NAC, private and all project partners; coordinate with other USG partners to ensure uniformity of activities across the country; and provide oversight and guidance to all partners in the consortium. FHI 360 is the lead implementer with the MOH in scaling up HIV/AIDS services in the six provinces. The FHI 360 team will be co-located with the rest of the ZPCT II partners to ensure coordination, ease of management and smooth implementation. FHI 360 will also host a review of the program with the MOH, NAC, USAID and partners to ensure program results are in line with MOH and NAC goals.	FHI 360 headquarters (HQ) will provide financial, contractual and technical oversight. The HQ team also will manage contractual negotiations for the international partners. The Chief of Party (COP) and Deputy COP will manage USAID, USG, MOH, international and direct local partner relationships.
International Partners		
Management Sciences for Health (MSH)	MSH, under the direction of the FHI 360 Technical Director, will continue providing laboratory and pharmacy support in as specified in the current work plan objectives.	The MSH leads are Hillary Lumano Laboratory Services and Mumbi Musonda Pharmacy Services. They report to the FHI 360 Director, Technical Support for all pharmacy and laboratory activities.
CARE	Under the direction of the FHI 360 Director of Programs, CARE leads activities to mobilize communities to access HIV/AIDS services, as well as enhance existing referral networks and develop new ones to achieve full coverage. CARE also manages ASWs and lay counselors. CARE will further start managing grants under a contract in the current work plan by working with CBOs and FBOs to build capacity to coordinate volunteers and deliver community-level services.	CARE's Assistant Country Director - Regional Operations, Oliver Wakelin, will coordinate with the DCOP/Director of Program on program, contract, staff and budget issues. The CARE team, led by the ZPCT II Community Program Manager, reports to the Director of Programs.
Local Partners		
Churches Health Association of Zambia (CHAZ)	CHAZ will continue working with ZPCT II through mutually identified church-run facilities in providing strategic services to enhance MOH service delivery goals.	CHAZ is managed by the Director of Programs with technical oversight by the technical team.
University Teaching Hospital (UTH)	The UTH Male Circumcision unit will assist ZPCT II to scale up MC in facilities in the six provinces.	UTH will be managed by the Director, Technical Support.

Partner	Roles and Responsibilities	Reporting Structure
Chainama College of Health Sciences	Training in counselling supervision	Chainama will be managed by the Director Technical Support

Annex E: List of Recipient Agreements/Subcontracts/MOUs October 1, 2014 – November 31, 2015

Province	Institution/Organisation	Type of Agreement	Period Budget USD $
Government of the Republic of Zambia (GRZ)			
Lusaka	Ministry of Health	MOU	N/A
Central	Central PMO	MOU	N/A
Copperbelt	Copperbelt PMO	MOU	N/A
Luapula	Luapula PMO	MOU	N/A
Muchinga	Muchinga PMO	MOU	N/A
Northern	Northern PMO	MOU	N/A
North Western	North Western PMO	MOU	N/A
Provincial Medical Offices (PMO)			
Central	Central PMO	Recipient Agreement	
Copperbelt	Copperbelt PMO	Recipient Agreement	
Luapula	Luapula PMO	Recipient Agreement	
Muchinga	Muchinga PMO	Recipient Agreement	
Northern	Northern PMO	Recipient Agreement	
North Western	North Western PMO	Recipient Agreement	
District Health Offices (DMO)			
Central	Chibombo DMO	Recipient Agreement	
	Chisamba DMO	Recipient Agreement	
	Chitambo DMO	Recipient Agreement	
	Kabwe DMO	Recipient Agreement	
	Kapiri Mposhi DMO	Recipient Agreement	
	Luano DMO	Recipient Agreement	
	Mkushi DMO	Recipient Agreement	
	Serenje DMO	Recipient Agreement	
	Mumbwa DMO	Recipient Agreement	
	Ngaabwe DMO	Recipient Agreement	
	Itezhi Tezhi DMO	Recipient Agreement	
Copperbelt	Chililabombwe DMO	Recipient Agreement	
	Chingola DMO	Recipient Agreement	
	Kalulushi DMO	Recipient Agreement	
	Kitwe DMO	Recipient Agreement	
	Luanshya DMO	Recipient Agreement	
	Lufwanyama DMO	Recipient Agreement	
	Masaiti DMO	Recipient Agreement	
	Mpongwe DMO	Recipient Agreement	
	Mufulira DMO	Recipient Agreement	
	Ndola DMO	Recipient Agreement	
Luapula	Chienge DMO	Recipient Agreement	
	Chipili DMO	Recipient Agreement	
	Chembe DMO	Recipient Agreement	
	Kawambwa DMO	Recipient Agreement	
	Mansa DMO	Recipient Agreement	
	Mwansabombwe DMO	Recipient Agreement	
	Milenge DMO	Recipient Agreement	
	Mwense DMO	Recipient Agreement	
	Nchelenge DMO	Recipient Agreement	
	Samfya DMO	Recipient Agreement	
Muchinga	Chinsali DMO	Recipient Agreement	

Province	Institution/Organisation	Type of Agreement	Period Budget USD $
	Isoka DMO	Recipient Agreement	
	Mafinga DMO	Recipient Agreement	
	Mpika DMO	Recipient Agreement	
	Nakonde DMO	Recipient Agreement	
	Chama DMO	Recipient Agreement	
	Shiwa Ng'andu DMO	Recipient Agreement	
Northern	Chilubi DMO	Recipient Agreement	
	Kasama DMO	Recipient Agreement	
	Kaputa DMO	Recipient Agreement	
	Luwingu DMO	Recipient Agreement	
	Mbala DMO	Recipient Agreement	
	Mpulungu DMO	Recipient Agreement	
	Mporokoso DMO	Recipient Agreement	
	Mungwi DMO	Recipient Agreement	
	Nsama DMO	Recipient Agreement	
North Western	Chavuma DMO	Recipient Agreement	
	Ikelenge DMO	Recipient Agreement	
	Kabompo DMO	Recipient Agreement	
	Kasempa DMO	Recipient Agreement	
	Mufumbwe DMO	Recipient Agreement	
	Mwinilunga DMO	Recipient Agreement	
	Solwezi DMO	Recipient Agreement	
	Zambezi DMO	Recipient Agreement	
	Manyinga DMO	Recipient Agreement	
Hospitals			
Lusaka	University Teaching Hospital	Recipient Agreement	
Lusaka	Chianama Hospital College	Recipient Agreement	
Central	Kabwe General	Recipient Agreement	
Copperbelt	Nchanga North	Recipient Agreement	
	Kitwe Central Hospital	Recipient Agreement	
	Roan General Hospital	Recipient Agreement	
	Ronald Ross	Recipient Agreement	
	Arthur Davison Hospital	Recipient Agreement	
	Ndola Central Hospital	Recipient Agreement	
	Zambia Flying Doctors Services	Recipient Agreement	
	Kalulushi General Hospital		
Luapula	Mansa General Hospital	Recipient Agreement	
Northern	Kasama General Hospital	Recipient Agreement	
	Mbala General Hospital	Recipient Agreement	
North Western	Solwezi General Hospital	Recipient Agreement	
Partners			
Lusaka	Management Sciences for Health	Subcontract	
	CARE International	Subcontract	
	CHAZ	Subcontract	
Ndola	Ndola Catholic Diocese	MOU	

Annex F: List of ZPCT II Supported Facilities, Sites and Services

Central Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kabwe	1. Kabwe GH	Urban	◆2	◆	◆	◆	◆3		
	2. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	3. Kabwe Mine Hospital	Urban	◆2	◆	◆	◆	◆3		⦿1
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆1	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆1	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆1	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆1	◆	◆	◆	◆3		
	11. Ngungu HC	Urban	◆1	◆	◆	◆	◆3		⦿
	12. Natuseko HC	Urban	◆1	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwela HC	Rural		◆	◆	◆		◆	
Mkushi	18. Mkushi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆1	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆1	◆	◆	◆	◆	◆	⦿1
	22. Nshinso HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	23. Nkumbi RHC	Rural		◆	◆	◆			
Luano	24. Chikupili HC	Rural		◆	◆	◆		◆	
	25. Coppermine RHC	Rural		◆	◆	◆			
	26. Old Mkushi RHC	Rural							
	27. Kaundula	Rural							
Serenje	28. Serenje DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	29. Chitambo Hospital	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	30. Chibale RHC	Rural		◆	◆	◆		◆	
	31. Muchinka RHC	Rural		◆	◆	◆		◆	
	32. Kabundi RHC	Rural		◆	◆	◆		◆	
	33. Chalilo RHC	Rural		◆	◆	◆		◆	
	34. Mpelembe RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	35. Mulilima RHC	Rural		◆	◆	◆		◆	
	36. Gibson RHC	Rural		◆	◆	◆			
	37. Nchimishi RHC	Rural		◆	◆	◆			
	38. Kabamba RHC	Rural		◆	◆	◆			
	39. Mapepala RHC	Rural		◆	◆	◆		◆	
Chibombo	40. Liteta DH	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	41. Chikobo RHC	Rural		◆	◆	◆		◆	
	42. Mwachisompola Demo Zone	Rural	◆[1]	◆	◆	◆	◆[3]		
	43. Chibombo RHC	Rural		◆	◆	◆		◆	⦿[1]
	44. Chisamba RHC	Rural	◆[1]	◆	◆	◆	◆[3]		
	45. Mungule RHC	Rural		◆	◆	◆		◆	
	46. Muswishi RHC	Rural		◆	◆	◆		◆	
	47. Chitanda RHC	Rural		◆	◆	◆			
	48. Malambanyama RHC	Rural		◆	◆	◆		◆	
	49. Chipeso RHC	Rural		◆	◆	◆		◆	
	50. Kayosha RHC	Rural	◆[2]	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	51. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	52. Malombe RHC	Rural		◆	◆	◆		◆	
	53. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	54. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	55. Kapiri Mposhi DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	56. Kapiri Mposhi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	57. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	58. Chibwe RHC	Rural		◆	◆	◆		◆	
	59. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	60. Kampumba RHC	Rural	◆[1]	◆	◆	◆		◆	
	61. Mulungushi RHC	Rural		◆	◆	◆		◆	
	62. Chawama UHC	Rural		◆	◆	◆		◆	
	63. Kawama HC	Urban		◆	◆	◆		◆	
	64. Tazara UHC	Rural		◆	◆	◆		◆	
	65. Ndeke UHC	Rural		◆	◆	◆		◆	
	66. Nkole RHC	Rural	◆[1]	◆	◆	◆		◆	
	67. Chankomo RHC	Rural		◆	◆	◆		◆	
	68. Luanshimba RHC	Rural		◆	◆	◆		◆	
	69. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	70. Chipepo RHC	Rural		◆	◆	◆		◆	
	71. Waya RHC	Rural	◆[1]	◆	◆	◆		◆	
	72. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	73. Mumbwa DH	Urban		◆	◆	◆	◆[3]		⦿[1]
	74. Myooye RHC	Rural		◆	◆	◆			
	75. Lutale RHC	Rural		◆	◆	◆			
	76. Nambala RHC	Rural		◆	◆	◆			
	77. Kamilambo RHC	Rural							
	78. Chiwena RHC	Rural							

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Itezhi Tezhi	79. Itezhi Tezhi DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	80. Masemu UC	Rural		◆	◆	◆	◆		
	81. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	82. Nasenga RHC								
Ngaabwe	83. Mukumbwe RHC								
Totals			**26**	**79**	**79**	**79**	**28**	**50**	**10**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⦿1
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆2	◆	◆	◆	◆3		⦿1
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
Chingola	21. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	22. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	23. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		⦿1
	24. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	⦿1
	25. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	26. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	27. Kasompe Clinic	Urban		◆	◆	◆		◆	
	28. Mutenda HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	29. Kalilo Clinic	Urban		◆	◆	◆		◆	
Kitwe	30. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	31. Ndeke HC	Urban	◆1	◆	◆	◆	◆3		
	32. Chimwemwe Clinic	Urban	◆1	◆	◆	◆	◆3		
	33. Buchi HC	Urban	◆1	◆	◆	◆	◆3		
	34. Luangwa HC	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	35. Ipusukilo HC	Urban	◆1	◆	◆	◆	◆	◆	
	36. Bulangililo Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	37. Twatasha Clinic	Urban		◆	◆	◆		◆	
	38. Garnatone Clinic	Urban			◆	◆		◆	
	39. Itimpi Clinic	Urban		◆	◆	◆		◆	
	40. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	41. Kawama Clinic	Urban	◆1	◆	◆	◆	◆3		
	42. Kwacha Clinic	Urban		◆	◆	◆		◆	
	43. Mindolo 1 Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	44. Mulenga Clinic	Urban	◆1	◆	◆	◆		◆	
	45. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	47. ZAMTAN Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	48. Chavuma Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆2	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. ZNS Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	52. Riverside Clinic	Urban	◆2	◆	◆	◆	◆	◆	
Luanshya	53. Thompson DH	Urban	◆2	◆	◆	◆	◆3		
	54. Roan GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	55. Mikomfwa HC	Urban		◆	◆	◆		◆	
	56. Mpatamatu Sec 26 UC	Urban	◆1	◆	◆	◆	◆	◆	
	57. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	58. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	59. Section 9 Clinic	Urban		◆	◆	◆		◆	
	60. New Town Clinic	Urban		◆	◆	◆		◆	
	61. Fisenge UHC	Urban		◆	◆	◆		◆	
	62. Chaisa HC	Urban							
Mufulira	63. Kamuchanga DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	64. Ronald Ross GH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	65. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	66. Kansunswa HC	Rural		◆	◆	◆		◆	
	67. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	68. Mokambo Clinic	Rural		◆	◆	◆		◆	
	69. Suburb Clinic	Urban		◆	◆	◆		◆	
	70. Murundu RHC	Rural		◆	◆	◆		◆	
	71. Chibolya UHC	Urban		◆	◆	◆		◆	
Kalulushi	72. Kalulushi GRZ Clinic	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	73. Chambeshi HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	74. Chibuluma Clinic	Urban	◆[1]	◆	◆	◆		◆	
	75. Chati RHC	Rural		◆	◆	◆			
	76. Ichimpe Clinic	Rural		◆	◆	◆			
	77. Kalulushi GH	Urban							
Chililabombwe	78. Kakoso District HC	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	79. Lubengele UC	Urban	◆[1]	◆	◆	◆		◆	
Lufwanyama	80. Mushingashi RHC	Rural		◆	◆	◆		◆	
	81. Lumpuma RHC	Rural	◆[1]	◆	◆	◆		◆	
	82. Shimukunami RHC	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	83. Nkana RHC	Rural		◆	◆	◆		◆	
	84. Lufwanyama DH	Urban							
Mpongwe	85. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⦿[1]
	86. Mikata RHC	Rural		◆	◆	◆		◆	
	87. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	88. Kalweo RHC	Rural		◆	◆	◆		◆	◆

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Masaiti	89. Kashitu RHC	Rural		◆	◆	◆		◆	
	90. Jelemani RHC	Rural		◆	◆	◆		◆	
	91. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⦿1
	92. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			**43**	**87**	**89**	**89**	**42**	**65**	**17**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Chienge	1. Puta RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	2. Kabole RHC	Rural	◆[2]	◆	◆	◆	◆[3]	◆	⦿[1]
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆			
	5. Lunchinda RHC	Rural		◆	◆	◆			
	6. Sambula RHC	Rural							
	7. Chienge DH	Rural							
Kawambwa	8. Kawambwa DH	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	9. Kawambwa HC	Rural		◆	◆	◆		◆	
	10. Mushota RHC	Rural		◆	◆	◆		◆	
	11. Munkanta RHC	Rural	◆[1]	◆	◆	◆		◆	
	12. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	13. Mufwaya RHC	Rural		◆	◆	◆			
Mwansabombwe	14. Mbereshi Hospital	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	15. Kazembe RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	16. Lubufu RHC	Rural							
Chembe	17. Chembe RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	18. Chipete RHC	Rural		◆	◆	◆		◆	
	19. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	20. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	21. Lukola RHC	Rural		◆	◆	◆			
Mansa	22. Mansa GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	23. Senama HC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	24. Central Clinic	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	25. Matanda RHC	Rural		◆	◆	◆		◆	
	26. Buntungwa RHC	Urban		◆	◆	◆		◆	
	27. Chisembe RHC	Rural		◆	◆	◆		◆	
	28. Chisunka RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	29. Fimpulu RHC	Rural		◆	◆	◆		◆	
	30. Kabunda RHC	Rural		◆	◆	◆		◆	
	31. Kalaba RHC	Rural		◆	◆	◆		◆	
	32. Kalyongo RHC	Rural		◆	◆	◆			
	33. Katangwe RHC	Rural		◆	◆	◆			
	34. Luamfumu RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	35. Mabumba RHC	Rural		◆	◆	◆		◆	
	36. Mano RHC	Rural		◆	◆	◆		◆	
	37. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	38. Mibenge RHC	Rural		◆	◆	◆		◆	
	39. Moloshi RHC	Rural		◆	◆	◆		◆	
	40. Mutiti RHC	Rural		◆	◆	◆		◆	
	41. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	42. Ndoba RHC	Rural		◆	◆	◆		◆	
	43. Nsonga RHC	Rural		◆	◆	◆		◆	
	44. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	45. Lubende RHC	Rural		◆	◆	◆			
	46. Kansenga RHC	Rural		◆	◆	◆			
Milenge	47. Mulumbi RHC	Rural		◆	◆	◆		◆	
	48. Milenge East 7 RHC	Rural	◆[2]	◆	◆	◆	◆		
	49. Kapalala RHC	Rural		◆	◆	◆			
	50. Sokontwe RHC	Rural		◆	◆	◆			
	51. Lwela RHC	Rural		◆	◆	◆			
Chipili	52. Chipili RHC	Rural		◆	◆	◆		◆	
	53. Mupeta RHC	Rural			◆	◆		◆	
	54. Kalundu RHC	Rural			◆	◆			
	55. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	56. Luminu RHC	Rural			◆	◆		◆	
	57. Lupososhi RHC	Rural			◆	◆		◆	
	58. Mukonshi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	59. Mutipula RHC	Rural			◆	◆			
	60. Mwenda RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
Mwense	61. Mambilima HC (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	62. Mwense Stage II HC	Rural	◆[1]	◆	◆	◆	◆[3]		
	63. Chibondo RHC	Rural			◆	◆		◆	
	64. Chisheta RHC	Rural		◆	◆	◆		◆	
	65. Kapamba RHC	Rural		◆	◆	◆		◆	
	66. Kashiba RHC	Rural		◆	◆	◆		◆	
	67. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	68. Kawama RHC	Rural		◆	◆	◆		◆	
	69. Lubunda RHC	Rural		◆	◆	◆		◆	
	70. Lukwesa RHC	Rural	◆[2]	◆	◆	◆		◆	
	71. Mubende RHC	Rural		◆	◆	◆		◆	
	72. Mununshi RHC	Rural		◆	◆	◆		◆	
	73. Musangu RHC	Rural	◆[2]	◆	◆	◆	◆[3]	◆	
	74. Musonda RHC								
Nchelenge	75. Nchelenge RHC	Rural	◆[2]	◆	◆	◆		◆	
	76. Kashikishi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	77. Chabilikila RHC	Rural	◆[2]	◆	◆	◆		◆	
	78. Kabuta RHC	Rural	◆[2]	◆	◆	◆		◆	⦿[1]
	79. Kafutuma RHC	Rural	◆[2]	◆	◆	◆		◆	
	80. Kambwali RHC	Rural	◆[2]	◆	◆	◆		◆	
	81. Kanyembo RHC	Rural	◆[2]	◆	◆	◆		◆	
	82. Chisenga RHC	Rural	◆[1]	◆	◆	◆		◆	
	83. Kilwa RHC	Rural	◆[1]	◆	◆	◆		◆	
	84. St. Paul's Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	85. Kabalenge RHC	Rural		◆	◆	◆			
Samfya	86. Lubwe Mission Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	87. Samfya Stage 2 Clinic	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	88. Kasanka RHC	Rural	◆[1]	◆	◆	◆		◆	
	89. Shikamushile RHC	Rural		◆	◆	◆	◆[3]		
	90. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	91. Kabongo RHC	Rural		◆	◆	◆		◆	
	92. Katanshya RHC	Rural							
Totals			**30**	**81**	**87**	**87**	**20**	**52**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	**1 = ART Outreach Site**
⦿ MC sites	**2 = ART Static Site**
⦿[1] MC services initiated	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Nakonde	1. Nakonde RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆[1]	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆[2]	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
	9. Nakonde DH	Rural							
Mpika	10. Mpika DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	11. Mpika HC	Urban		◆	◆	◆		◆	
	12. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	13. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	14. Mpumba RHC	Rural		◆	◆	◆		◆	
	15. Mukungule RHC	Rural		◆	◆	◆		◆	
	16. Mpika TAZARA	Rural	◆[2]	◆	◆	◆		◆	
	17. Muwele RHC	Rural		◆	◆	◆			
	18. Lukulu RHC	Rural		◆	◆	◆			
	19. ZCA Clinic	Rural		◆	◆	◆			
	20. Chikakala RHC	Rural		◆	◆	◆			
Shiwa Ng'andu	21. Matumbo RHC	Rural		◆	◆	◆		◆	
	22. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	23. Mwika RHC	Rural		◆	◆	◆			
	24. Kabanda RHC	Rural		◆	◆	◆			
Chinsali	25. Chinsali DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	26. Chinsali HC	Urban		◆	◆	◆		◆	
	27. Lubwa RHC	Rural		◆	◆	◆	◆		
	28. Mundu RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Isoka	29. Isoka DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	30. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	31. Kalungu RHC	Rural	◆[2]	◆	◆	◆		◆	
	32. Kampumbu RHC	Rural		◆	◆	◆			
	33. Kafwimbi RHC	Rural		◆	◆	◆			
Mafinga	34. Muyombe	Rural	◆[1]	◆	◆	◆	◆	◆	
	35. Thendere RHC	Rural		◆	◆	◆			
Chama	36. Chama DH	Rural							
	37. Chikwa RHC	Rural							
	38. Tembwe RHC	Rural							
Totals			**9**	**32**	**32**	**32**	**9**	**16**	**4**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kasama	1. Kasama GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Kasama UHC	Urban	◆[2]	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆[1]	◆	◆	◆	◆[3]		
	4. Chilubula (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	5. Lukupa RHC	Rural	◆[2]	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆[2]	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC	Rural							
	15. Nkole Mfumu RHC	Rural							
Mbala	16. Mbala GH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	20. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	21. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	22. Mpande RHC	Rural		◆	◆	◆			
	23. Mwamba RHC	Rural		◆	◆	◆			
	24. Nondo RHC	Rural		◆	◆	◆			
	25. Nsokolo RHC	Rural		◆	◆	◆			
	26. Kawimbe RHC	Rural		◆	◆	◆		◆	
Mpulungu	27. Mpulungu HC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿[1]

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28. Isoko RHC	Rural		◆	◆	◆			
	29. Chinakila RHC	Rural		◆	◆	◆		◆	
	30. Mpulungu DH	Rural							
Mporokoso	31. Mporokoso DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	32. Mporokoso UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural		◆	◆	◆			
	34. Mukupa Kaoma RHC	Rural		◆	◆	◆			
	35. Shibwalya Kapila RHC	Rural	◆[2]	◆	◆	◆			
Luwingu	36. Luwingu DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	37. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	38. Kaputa RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	39. Kalaba RHC	Rural		◆	◆	◆			
	40. Kasongole RHC	Rural		◆	◆	◆			
Nsama	41. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	42. Kampinda RHC	Rural		◆	◆	◆			
	43. Nsama RHC	Rural							
Mungwi	44. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	45. Malole RHC	Rural		◆	◆	◆		◆	
	46. Nseluka RHC	Rural	◆[2]	◆	◆	◆		◆	
	47. Chimba RHC	Rural		◆	◆	◆		◆	
	48. Kapolyo RHC	Rural		◆	◆	◆		◆	
	49. Mungwi RHC (CHAZ)	Rural	◆[2]	◆	◆	◆	◆		⦿[1]
	50. Makasa RHC	Rural		◆	◆	◆			
	51. Ndasa RHC	Rural		◆	◆	◆			
Chilubi Island	52. Chaba RHC	Rural		◆	◆	◆			
	53. Chilubi Island RHC	Rural	◆[2]	◆	◆	◆	◆		
	54. Matipa RHC	Rural		◆	◆	◆			
Totals			**21**	**50**	**50**	**50**	**17**	**27**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿[1] **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Solwezi	1. Solwezi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Solwezi GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
	19. Kakombe RHC	Rural							
	20. Kamisenga RHC	Rural							
	21. Solwezi Training College	Urban							
Kabompo	22. Kabompo DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	23. Mumbeji RHC	Rural		◆	◆	◆		◆	⦿[1]
	24. Kabulamema RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	25. Kayombo RHC	Rural		◆	◆	◆			
Zambezi	26. Zambezi DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	27. Zambezi UHC	Urban			◆	◆		◆	
	28. Mize HC	Rural		◆	◆	◆		◆	
	29. Chitokoloki (CHAZ)	Urban	◆[1]	◆	◆	◆	◆[3]		
	30. Mukandakunda RHC	Rural		◆	◆	◆			
	31. Nyakulenga RHC	Rural		◆	◆	◆			
	32. Chilenga RHC	Rural		◆	◆	◆			
	33. Kucheka RHC	Rural		◆	◆	◆			
	34. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	35. Mwinilunga DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	36. Kanyihampa HC	Rural		◆	◆	◆		◆	
	37. Luwi (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	38. Lwawu RHC	Rural		◆	◆	◆			
	39. Nyangombe RHC	Rural		◆	◆	◆			
	40. Sailunga RHC	Rural		◆	◆	◆			
	41. Katyola RHC	Rural		◆	◆	◆			
	42. Chiwoma RHC	Rural		◆	◆	◆			
	43. Lumwana West RHC	Rural		◆	◆	◆			
	44. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	45. Ikelenge RHC	Rural		◆	◆	◆		◆	⦿[1]
	46. Kafweku RHC	Rural		◆	◆	◆		◆	
Mufumbwe	47. Mufumbwe DH	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	48. Matushi RHC	Rural		◆	◆	◆		◆	
	49. Kashima RHC	Rural		◆	◆	◆			
	50. Mufumbwe Clinic	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Chavuma	51. Chiyeke RHC	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	52. Chivombo RHC	Rural		◆	◆	◆		◆	
	53. Chiingi RHC	Rural		◆	◆	◆		◆	
	54. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	55. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	56. Kasempa UC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	57. Nselauke RHC	Rural		◆	◆	◆		◆	
	58. Kankolonkolo RHC	Rural		◆	◆	◆			
	59. Lunga RHC	Rural		◆	◆	◆			
	60. Dengwe RHC	Rural		◆	◆	◆			
	61. Kamakechi RHC	Rural		◆	◆	◆			
Manyinga	62. St. Kalemba (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	63. Kasamba RHC	Rural		◆	◆	◆		◆	
	64. Kashinakazhi RHC	Rural		◆	◆	◆			
	65. Dyambombola RHC	Rural		◆	◆	◆			
Totals			**12**	**62**	**63**	**63**	**14**	**20**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT IIB sites

Annex G: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
Kitwe	14. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆[3]		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Kalulushi	23. CIMY Clinic	Urban	◆		◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Chingola	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
Mpongwe	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
Mwense	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
Solwezi	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⦿1
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⦿1
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⦿1
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			**23**	**26**	**30**	**30**	**20**	**17**	**3**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Annex H: ZPCT II Life Project Targets and Achievements (1 October, 2014 to 31 September, 2015

Activity	PEPFAR CODE	Performance Indicators	Baseline (Achievement: May 13–Apr 14)	Bridge Target (Oct 14–Sep 15)
Counseling and Testing services		Number of Service outlets providing CT according to national or international standards	**431**	**451**
	HTC_TST	Number of individuals who received Testing and Counseling services for HIV and received their test results	**780,715**	**819,751**
Elimination of Mother-to-Child Transmission services	PMTCT_SITE	Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	**417**	**437**
	PMTCT_STAT	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	**224,349**	**235,567**
	PMTCT_ARV	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	**15,213**	**15,974**
		Newly initiated on treatment during the current pregnancy	**2,316**	**3,659**
Treatment services and basic health care and support		Number of Service outlets providing HIV-related palliative care (excluding TB/HIV)	**431**	451
	C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	**365,428**	**401,927**
	T1.5.D	Number of health facilities that offer ART	**175**	189
	TX_NEW	Number of adults and children with HIV infection newly enrolled on ART	**30,910** **[2,022]**	**37,752** **[2,643]**

Activity	PEPFAR CODE	Performance Indicators	Baseline (Achievement: May 13–Apr 14)	Bridge Target (Oct 14–Sep 15)
	TX_CURR	Number of adults and children with HIV infection receiving antiretroviral therapy (ART) [Children]	**197,919** **[13,672]**	**224,432** **[15,800]**
TB/HIV		Number of Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	**431**	451
	TB_SCREEN	Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	**47,057**	**49,410**
	C3.1.D	Number of TB patients who had an HIV test result recorded in the TB register	**12,090**	**12,695**
Voluntary Medical Male Circumcision services	VMMC site	Number of Service outlets providing MC services	**56**	60
	VMMC_CIRC	Number of males circumcised as part of the minimum package of VMMC for HIV prevention services	**45,766**	**48,054**
Laboratory and pharmacy support services and networks	LAB_CAP	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	**167**	**170**
Health Systems Strengthening	H2.3.D	Number of health care workers who successfully completed an in-service training program (Disaggregated by):		
		Male Circumcision	**134**	52
		Pediatric ART/OI	**180**	75
		Adult ART/OI	**574**	125
		Counseling and Testing	**433**	110
		PMTCT	**726**	25
		Lab	**117**	60

Activity	PEPFAR CODE	Performance Indicators	Baseline (Achievement: May 13–Apr 14)	Bridge Target (Oct 14–Sep 15)
		Orientation in new consolidated guidelines	**N/A**	800
		Number of community volunteers who successfully completed a training program (Disaggregated by):		
		CT	**652**	90
		Option B+ orientation	**N/A**	180
		ART adherence counseling	**183**	390

Annex I: ZPCT II B Community Targets (October 1st, 2014 – Nov 31, 2015)

Objective	Indicators	Definition	LOP Target	Achievements (Oct 14 – August 15)	Work plan Target
1.1 Expand Counseling and Testing (CT) services					
	Number of mobile HTC outreach episodes conducted	Mobile outreach episodes conducted at community level	5		5
	Number of individuals referred for HTC	Persons reached with messages on HCT and referred from the community to HCT centers for accessing HCT services	64,000		64,000
	Number of individuals referred for HTC and reaching the facility	Persons recorded at HCT centers as clients referred from the communities	45,000		45,000
1.2 Expand prevention of mother-to-child transmission (PMTCT) services					
	Number of individuals referred for eMTCT	Persons referred from the community to eMTCT centers for accessing eMTCT services	35,000		35,000
	Number of individuals referred for eMTCT and reaching the facility	Persons recorded at eMTCT centers as clients referred from the communities	28,000		28,000
1.3 Expand treatment services and basic health care and support					
	Number of people referred for MC	People reached with MC messages and referred to health facilities for MC	15,000		15,000
	Number of people referred for MC and reaching the facility	People referred for MC who reach the facility	8,000		8,000
	Number of people referred for CLINICAL care	Persons referred from the community to facility for CLINICAL care for services	19,000		19,000
	Number of people referred for CLINICAL care and reaching facility	Persons referred from the community for CLICAL care and reaching the facility for services	16,000		16,000
	Number of clients counselled by ART volunteers in the community	ART lost to follow-up clients visited and counselled in their homes.	24,000		24,000
2.2 Engage community/faith-based groups					
	Number of traditional leaders oriented and involved in demand creation for HIV services.	One chief per district oriented to advocates for Prevention care and treatment services.	52		52

Objective	Indicators	Definition	LOP Target	Achievements (Oct 14 – August 15)	Work plan Target
	Number of NHCs oriented and involved in demand creation for HIV services.	One NHC per health facility oriented to participate in promotion of HIV prevention care and treatment services	350		350
	Number of district referral networks supported	District referral networks provided with technical assistance to sustain their functioning.	45		45
	Number HTC volunteers supported.	HTC volunteers provided with supervision, mentoring and transport allowances.	538		538
	Number eMTCT volunteers supported.	HTC volunteers provided with supervision, mentoring and transport allowances.	554		554
	Number ART volunteers supported.	HTC volunteers provided with supervision, mentoring and transport allowances.	327		327

Annex J: ZPCT II B Gender Indicators

Objective	Monitoring Indicator
Integrate gender into existing service provider training packages —facility and community based—for Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (CT), Treatment (Tx) and Male Circumcision (MC)	# of training manuals revised or produced including gender-sensitive approaches and addressing the gender driving factors in Zambia
Enhance facility-based services to improve male access to HIV and other RH services	# of male partners who received HIV counseling and testing and received their test result in a PMTCT site # of couples who received HIV counseling and testing and received their test results in a CT site supported by ZPCT II # of couples counseled on FP and accepting a contraceptive method
Enhance facility-based ART services to include GBV screening	# of clients screened for GBV in CT, PMTCT, ART and Clinical care setting using the engendered CHC checklist # of GBV survivors treaded for their injures # of survivors of rape provided with PEP disaggregated by sex # of female GBV survivors provided with Emergency Contraception
Design and support youth friendly services for adolescents	# of males/ females under 18 seeking HIV counseling and testing services
Community mobilization and referral: - Mobilizing agents of socialization (parents, religious and traditional leaders) in Zambia to address negative norms that facilitate HIV transmission	# of influential leaders sensitized to promote positive gender norms and address GBV # of individuals referred by community volunteers to HIV services (disaggregated by service and sex)

Objective	Monitoring Indicator
- Strengthen partnerships for delivery of HIV-related services and stimulate discussions around social determinants and harmful social norms	
Train community volunteers —in gender sensitive approaches to service delivery in PMTCT, CT, Treatment and MC	# of community volunteers trained on engendered training packages, disaggregated by technical programmatic area (PMTCT, CT, Clinical Care & ART, Capacity Building and GBV) disaggregated by sex

Annex J: ZPCT IIB Environmental Mitigation and Monitoring Plan

ENVIRONMENTAL MITIGATION AND MONITORING PLAN
PUBLIC SECTOR HIV/AIDS SERVICE DELIVERY SUPPORT PROGRAM IN ZAMBIA
USAID/ZAMBIA'S ZAMBIA PREVENTION, CARE AND TREATMENT PARTNERSHIP II BRIDGE (ZPCT IIB)

Project Description

USAID/Zambia through U.S. President's Emergency Plan for AIDS Relief has been implementing the Public Sector HIV/AIDS Service Delivery Support Program in Zambia, under the Zambia Prevention, Care and Treatment partnership (I and II) projects for the last ten years. USAID/Zambia will work with the Ministry of Health, Ministry of Community Development, Mother and Child Health, the provincial medical offices, and district community medical offices to strengthen and expand HIV/AIDS clinical services in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces.

USAID/Zambia will implement a short-term project to continue core HIV/AIDS services from ZPCT II called the Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB). The ZPCT II Bridge project will adhere to Initial Environmental Examination (IEE) requirements as outlined in the USAID/Zambia's Zambia Prevention, Care and Treatment Partnership II Bridge contract number AID-611-C-14-0001. As required, FHI 360 has prepared an environmental compliance and management plan.

This document outlines the experience FHI 360 has in environmental project management and the proposed approach to ensure all activities within the ZPCT IIB follow the USAID environmental considerations outlined in 22 CFR 216 and USAID's ADS 201.5.10g and 204. In addition, FHI 360 will ensure that its subcontractors and partners comply with these regulations.

The ZPCT II Bridge aims at strengthening existing health systems including support to infrastructure improvements in public hospitals, clinics and laboratories. Additionally, the refurbishment and service provision activities will lead to increases in the amount of medical waste including; needles, syringes and other contaminated materials and construction debris. FHI 360 applies environmentally sound design to limit and mitigate the impact that the refurbishments or expanded services might have on the immediate and surrounding environment as required by the Environmental Management Act (EMA) No. 12 of 2011of the Laws of Zambia and Regulation 216 of the USG.

The ZPCT IIB will use the environmental site description form, outlined *below*, to determine the environmental issues at each site and will monitor according to this assessment.

Environmental Mitigation and Monitoring Plan Activities

The table below outlines the activities and associated environmental mitigation and monitoring plans for the ZPCT II program:

Table 1. Refurbishment Activities and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Refurbishments and related facility repairs including: ▪ Dry partitioning to separate services and hence create more space. ▪ Creation of space for placing of laboratory equipment ▪ Resurfacing of floors ▪ Installation of air-conditioning and shelving for proper drug storage ▪ Repair and improvement to electrical reticulation ▪ Replacement of doors, window frames, plumbing, and sanitary installations to improve the general function of existing buildings.	Environmental Site Assessments (ESA's) will be carried out at each site to reduce the following risks: ▪ Dumping of hazardous construction materials on site ▪ large influx of workers that would require new areas for human waste disposal ▪ Use of unsafe paints ▪ Use of environmentally unfriendly building materials ▪ Danger to clients/patients by ensuring minimal noise and dust	Number of facilities refurbished according to environmentally friendly design principles (i.e. adequate lighting, ventilation, use of environmentally friendly materials)	Pre, during and post refurbishment Quarterly reports	Infrastructure Support Program Officers (Lusaka and Provincial office)	Recipient Agreement renovation budget

Table 2. Construction Activities and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Construction and related facility repairs including:	Environmental Site Assessments (ESA's) will be	Number of facilities constructed	Pre, during and post refurbishment	Infrastructure Support Program	Recipient Agreement

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
▪ Erection of concrete block partitioning to separate services and hence create more space. ▪ Creation of space for placing of laboratory equipment ▪ Surfacing of new floors ▪ Installation of air-conditioning and shelving for proper drug storage ▪ Installation of new electrical reticulation ▪ Installation of new doors, window frames, roofing, ceiling, plumbing and sanitary installations to improve the general function of existing and new buildings.	carried out at each site to reduce the following risks: ▪ Dumping of hazardous construction materials on site ▪ Large influx of workers that would require new areas for human waste disposal ▪ Use of unsafe paints ▪ Use of environmentally unfriendly building materials ▪ Danger to clients/patients by ensuring minimal noise and dust	according to environmentally friendly design principles (i.e. adequate lighting, ventilation, use of environmentally friendly materials)	Quarterly reports	Officers (Lusaka and Provincial office)	renovation budget

Table 3. Water Supply Improvement and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Improvement of water supply	▪ Determine source of water and test for safety according to GRZ regulations in new installations ONLY ▪ Establish system for prevention of	Number of health facilities with safe and adequate water supply and foul	Quarterly reports by staff	Infrastructure Support Program Officers (Province)	Recipient Agreement renovation budget

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
	contamination of water source ▪ Improve water reticulation (supply and foul water removal)	water removal system			

Table 4. Healthcare Waste and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Health care waste disposal in facilities listed by province (proposed): ▪ Central Province 7 ▪ Copperbelt Province 30 Luapula Province 13 ▪ Northern Province 2 Muchinga Province 3 ▪ Northwestern Province 4 **Total 59**	Ensure all waste is disposed of according to the GRZ and EMA guidelines ▪ Burn all waste on site using an existing incinerator or open pit where incinerator is not available ▪ Burying medical waste as per EMA guidelines will also be carried out in pits lined with clay and/or polythene sheeting to prevent seepage. ▪ Needles and other sharp implements must be stored in sharp boxes during mobile CT and transported for incineration to sites where incineration can be carried out. ZPCT IIB will assist in procuring sharp boxes in event of unavailability. ▪ All waste is separated and disposed of accordingly ▪ Ensure that facility staff, many already trained by the Chemonic's Injection Safety project,	Incinerator to be refurbished at 1 facility (Macro-burn incinerator at Kasama Gen Hospital)	Quarterly visits to health facilities to monitor usage of incinerators. Quarterly reports.	All Provincial staff	**$6,000** Recipient Agreement renovation budget

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
	are given additional hands on training on handling of waste by ZPCT IIB technical personnel during technical assistance visits. ▪ Ensure facility staff are aware of all hazards and have and properly use protective clothing and are vaccinated against Hepatitis B and tetanus infections ▪ Renovation of existing incinerators and provision of incinerators in ZPCT IIB supported sites as per MOH/EMA guidelines for the essential incineration of biomedical waste i.e. placenta, foreskins, birth fluids etc. to be disposed of in 'Placenta Pits'.				

FHI/ZPCT II Environmental Site Description Form
(*Complete only the sections that apply to the project*.)

Health Facility_____
District_____

(A) GENERAL INFORMATION

1. What is the population of project area? And population density?
……
Will there be a permanent or temporary flux of population during the project? …….
2. How many households will be affected? .....
3. General description of area *(Check all that apply):* ___ peri-urban ___ village
___ rural ___ forest ___ agriculture ___ flat ___ hills; explain …….
4. Will the project create changes in permanent or temporary land use, including an increase of land use intensity? .....
5. What is the total rainfall in the project area per annum?
6. Which month has the highest rainfall?
7. What is the average annual temperature?
8. Month of highest temperature:
9. Month of lowest temperature:
10. What is the general direction of the surface drainage in the area?
.....
11. What are the soil classifications in the area? ……..……
12. What is the average depth to bedrock and the type of bedrock in the area?
13. What is the average depth to ground water? Does the ground water contain Arsenic above actions levels of the country standards or WHO standards?
14. Is there surface water located within 30m of the project site? If yes, give name and Describe in detail. ……
15. Are there any visible signs of environmental impact on or around the project area?
___ Discolored soils or building floors
___ Odors emanating from a point in the project area
___ Dead or stressed vegetation
___ Other (*explain*): ……
16. Are there any environmental laws or regulations applicable to this project?

Environmental Protection and Pollution Control Act – CAP 204 of the Laws of Zambia
17. Is there any significant adverse environmental impact from offsite sources within one km radius of the site? If so, identify those impacts. ……
18. Will the project affect the population welfare (either positive or negative)?
……
19. Will there be traffic intensification during construction and operation? ……
20. Will there be generation of solid waste during the construction, operation, and Decommissioning of the project? ……
21. Attach a map showing the exact location of the project. (*A topographic map is preferred*)

(B) WATER PROJECTS

1. What will be the average water use per household? ……

2. Where/what is the source of the water? Can the water source handle the extra consumption? ……..……

3. Attach supporting documentation for the answers above.

(C) CONSTRUCTION/REHABILITATION PROJECTS

1. Describe the project, type of building or facility, provide design details such as basement, number of levels, square meters, etc. ……..

2. Who are the primary users of the facility? ……

3. What is the facility's primary use? ……..……

4. Is this a ___ new construction or ___ rehabilitation or ___ mixed?

5. FOR REAHABILITATIONS will any of the following materials be removed from the facility? No

___ Asbestos ___ Wood

___ Cement ___ Steel or other metal

___ Above ground storage tanks ___ Underground storage tanks

___ Other: _____

Where will these materials be disposed of? .....

(D) MEDICAL WASTE DISPOSAL

1. How does the facility dispose of medical waste? ……..……

2. How does the facility dispose of used sharps and needles?

……

(E) ADDITIONAL INFORMATION

(*Use the remainder of this page to describe any aspect of the project not covered by the questions above*.)

Assessment Conducted by: ……..

Date: ……

Reviewed By: …… *Dat*e: ……..